SOUTHWICK CE PRIMARY SCHOOL

Medication for Pupils Policy and Responsibilities

1. Summary

This policy sets out the LA's position in respect of supporting pupils with medical needs in schools. The Council is committed to pursuing a policy of inclusive education. In other words, no child should be unnecessarily excluded from school or other educational activities simply by virtue of having a medical condition.

2. Local Authority responsibilities

The concern of employees administering medication in respect of personal liability is unfounded. The LA takes vicarious liability for the actions of its staff provided those actions are taken in good faith and in accordance with LA policy and practices.
Academies should ensure that they have insurance in place to indemnify employees in the event of a civil claim.

The local authority will monitor the arrangements for the management of pupil medication as part of its regular health and safety monitoring visits to schools.

3. School responsibilities

Risk assessments and individual health care plans should be compiled prior to the child starting at the school. They should be developed in conjunction with parents/carers and should determine the procedures which schools will need to adopt to comply with the LA's policy of inclusive education and should also identify any exceptions to normal participation in school activities. A separate risk assessment may be needed for school trips and other off-site activities.

Teachers and support staff have a responsibility to act as any reasonably prudent parent would to maintain the health and safety of the pupils under their control, whether this is at school or during any other school event or activity. In exceptional circumstances, this might extend to administering medicine or taking other medical action in an emergency. Reasonable adjustments may be necessary where older pupils are unable to administer their own medication.

Subject to the bullet point above, it is entirely the decision of the school management whether to allow a member of staff to administer medication to pupils which has been prescribed by an appropriate medical practitioner i.e. GP or Paediatrician. If a school chooses not to take on this responsibility, then parents must be informed. Any school that chooses to accept the responsibility must carry out the duty with reasonable care and follow the advice contained in this policy.

It is the entirely the decision of each individual employee, within any school that chooses to accept the responsibility for the administration of prescribed medication, as to whether he/she is prepared to personally administer medication.

No sanction must be taken against any employee who declines to undertake this task.

No *prescribed* medication must be given to any pupil or child without the specific written consent of the parent/carer concerned and evidence of the need from an appropriate professional. Even then consideration should be given to the need for the medicine to be taken during school hours – most courses of medication can be taken satisfactorily before and after school and at night. Some older children may also be deemed capable of administering their own medication.

Non-prescribed (over the counter) medicines should not be given unless parental permission has been obtained. *Written confirmation from a GP or other practitioner is not required for over-the-counter non-prescription medication.*

In the event of the administration of medication proving to be an impediment to the LA's policy of inclusive education beyond the local management of the school then the matter should be immediately referred to the *Director for Families and Children's Services.*

Children taking Medication

Few medicines need to be taken during normal school hours and in most cases the appropriate dosage of medicine when prescribed to be taken "three times a day" can be given "before school, after school and at night". The same principle can also be applied to medication such as creams/drops for conjunctivitis etc. However, the school should not assume that this will always be the case as some prescribed medication will have times or conditions stipulated by the health professional. In these cases, written evidence for the need from an appropriate health professional should be seen/provided.

Where pupils are recovering from a short-term illness or surgery which requires medication (such as tablets, creams, eye drops, mixtures), any request for school staff to administer medicine by a parent/carer must be in writing and include evidence that the child needs to take medicine during school hours, e.g. instructions on the container or advice from the pharmacist.

Standard forms have been drawn up to assist in this process. These can be downloaded from this site.

Form 1 (Form of Parental Consent) is required to be completed fully in all instances of medication being given whether they be prescribed or non-prescribed.

Form 2 (Record of Medicines given to child in school) is required to be completed by the responsible member of staff for each administration.

The medicine, together with the completed and signed consent Form 1, should be delivered to the school, where possible by a parent, and should be handed personally to the Headteacher or a designated member of staff.

The school policy should make it clear that **in no circumstances should staff administer prescribed medication on their own initiative or without the written consent of parents/carers.**

A written record should be kept of the administration of all medication to pupils, using Form 2. Such a record should be kept, together with the instructions, and be checked on every occasion and completed by the designated member of staff. The record should give the date and time of administration, the name of the medicine, the dose given, the name of the child and the name of the staff member administering the medication. Form 2 should be retained on the school premises with the school's and child's records respectively. It is recommended that you print Form 2 on the reverse of Form 1 in order that the two documents do not become separated.

Medicines must be stored safely in the pharmacist's original container and be clearly labelled with the contents, the child's name, and the dosage and/or other instructions. The receiving member of staff should check the accuracy of the name and date. Some medication such as liquid antibiotics or insulin may need to be kept in a refrigerator. Certain medicines will also need to be securely stored but where they can be quickly and easily accessed in the event of an emergency i.e. epi-pens. These medicines must be placed in a suitable sealed container, e.g. plastic box and clearly marked "medicines". **Under no circumstances should medicines be kept in first aid boxes.**

Any medication which has passed its expiry date should be collected from school by parents within five days of the expiry date or it should be disposed of safely (e.g. by returning it to the local pharmacist). Medicines should not be disposed of in the sink, toilet or general waste.

Special Circumstances
Some pupils/children have unusual or special specific medical needs which may require treatment in an emergency. Examples would be extreme allergic reaction (anaphylactic shock) to wasp stings or food such as peanuts; epileptic seizure, which may involve invasive medical procedures such as giving an injection. Other instances where children require special personal care involving intimate or invasive treatment include assistance with catheters or the use of equipment for children with tracheotomies.

The number of such cases will be small and early identification and careful planning with the relevant Health Service should result in detailed discussion with a receiving school and the formulation of a carefully designed individual health care plan, to meet the needs and circumstances of a particular child.

Children and young people with a health care need requiring administration of medication or procedures (not covered under the school's generic administration of medication policy) will require a Health Care Needs Risk Assessment (see Local Offer website), and where this risk assessment identifies the need, a Health Care Plan should be developed in conjunction with the school nursing service. Responsibility for undertaking a Health Care Needs Risk Assessment lies with the school. The Health Care Needs Risk Assessment should be reviewed at least annually.

It should be undertaken with the support of the parent/carer and the appropriate nursing representative.

The Health Care Needs Risk Assessment will identify:

- Any risk around the health care need for the child;
- Any risk around the health care need for the others, including children, staff and visitors;
- Control measures to manage the risks, i.e. resources, environmental considerations;
- Training needs – who will need to be trained, and what support is needed for the child's health care needs to be managed safely in the setting.

Some children and young people who need regular prescribed medication may not need an individual healthcare plan if it is determined, following the Health Care Needs Risk Assessment, that their care needs can be meet under the existing policies and guidelines of the setting.
Schools should be prepared for such eventualities and Headteachers should therefore seek staff that are willing to undertake the necessary training to enable them to act in emergencies or administer treatment in potentially life-threatening situations where there is no alternative. In many cases, the treatment will involve a simple procedure, such as using an "Epi-pen" to administer emergency intramuscular medication.

Any invasive treatments should be risk assessed and appropriate precautions implemented such as having a second member of staff present while the more intimate procedures are being followed and details of the appropriate personal protection to be worn. Staff should protect the dignity of the child as far as possible, even in emergencies.

For those children who require treatment including invasive medical procedures, only those who are both willing and appropriately trained should administer such treatment. Training in invasive procedures should be conducted by appropriately qualified medical personnel. The School Nurse Service may be able to provide this training or direct you to another appropriate trainer.
Subject to parents/carers consent all staff should be made aware of the pupil's condition and where to locate the trained staff in the case of an emergency. There should be sufficient trained staff to

cover for any absences. All staff should be made aware of the importance of respecting the confidentiality of medical information.

It may be appropriate for pupils to keep items such as an Epi-pen with them in the school. Where this is not appropriate, sufficient care should be taken to handle and store medicines and medical aids for use in emergencies at the school. Items such as preassembled syringes or Epi-pens, must be placed in a suitable additional sealed container e.g. plastic box and clearly marked "Emergency Medication" and with the pupil's name. **Under no circumstances should medicines be kept in first aid boxes**. It is essential, that wherever items are stored, the trained member of staff has immediate access to it.

Sources of Advice or Expertise
Within the Council's organisation, advice on policy in respect of the administration of medicines in schools should be sought, in the first instance, from those listed at the end of this document.

If you require general advice about the administration of a particular medicine within the school the Headteacher should seek advice via the School Nursing Service or designated medical officer or the Consultant Community Paediatrician.

Wiltshire's Community Child Health Services has developed comprehensive strategies for working with schools to ensure that appropriate training and support is offered to staff where a pupil has special health needs.

The service has developed competency-based training for such medical needs as encountered in schools. The service has also developed procedures which bring together the parents, school and, where appropriate, GPs/Consultants in the development of the Individual Health Care Plan.

In the event of queries arising in relation to staff responsibilities, remuneration for undertaking training or difficulties in obtaining volunteers to undertake training to enable a child to attend school, Headteachers should seek advice from the *Director for Families and Children's Services* or Schools HR Section at County Hall, Trowbridge.

4. Key information and definitions

Medicine is any substance or substances used in treating disease or illness

5. FAQs

Q. What training should staff receive?
A. Training must be suitable and adequate, this will depend on the nature of the medication and health condition. In some cases, training from a medical professional may be needed.
Q. Can a trained first aider administer medicine?
A. First aid training does not cover the administering of medicine, addition, specific training is required.

6. Success indicators.

A risk assessment and health care plan are in place for each child that requires one.

Written consent is obtained before any medication is administered to a pupil.

Written records of all administration of medication are kept and updated on each occasion.

All medication is safely and securely stored, with access restricted to authorised staff only.

The school has robust arrangements in place for the emergency administration of medicines.

7. Further help and information

DfE - Supporting pupils with medical conditions at school

Wiltshire Local Offer – What's local and what's on offer?

Virgin Care - School Nursing Service

Health and Safety Advisers
Email: schoolhealthandsafety@wiltshire.gov.uk
Tel: 01225 713185

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