

Pendeen School

Administering Medicines and Healthcare Plans Policy

**Review Summary**

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| **Approved By** | **Pendeen School** |
| **Approval Date** | **July 23** |
| **Next Review Data** | **July 25** |

# The Legal and Contractual Position

The administration of medicines is primarily the responsibility of parents and carers. Wherever possible, medicine should be given to children before or after school. If children require medication for infections and illnesses, it is appropriate for the school to ask if the child should be attending school due to the possibility of spreading infections to others.

# School/Staff Responsibilities

There is no legal duty that requires School Staff to administer medicines.

However, any member of staff can volunteer to support a child and/or administer a controlled drug to the child for whom it has been prescribed.

Staff administering medicines should do so in accordance with the labelled instructions and only after receiving written instructions via a completed ‘Administering Medicine to Pupils’ Form. This form is available for parents on the school website or via the school office.

Any member of staff giving medicines should check:

* Child’s Name
* Prescribed dose
* Expiry date
* Written instructions (provided on the ‘Administering Medicine to Pupils) This information is kept on Safesmart and maintained by the administration team.

If in any doubt staff should check with parents or health professionals before being taking further action.

If staff has any concerns administering medicine to a particular child the issue should be discussed with head teacher, Senco, parent or health professional.

# Administering Prescribed Medicines in School

1. Prescription medicines (if agreed by the school) should be received from and returned to a **responsible adult only (not an older sibling)**
2. Labelled medicine should normally be received and returned **daily**
3. Pupils requiring medicine daily on a long term-basis would make arrangements with the school in regards to

(a) and (b) above (e.g diabetics who would have care plan in place).

1. It is the responsibility of the parent to provide medicine, which is

* Clearly labelled in its original container
* Clearly labelled with the child name (i.e prescriptions only)
* Clearly labelled with the child’s date of birth
* Clearly labelled with the dose
* Prescribed by a doctor
* Written instructions should be received from the parent or carer and medicine should not be administered without these.

# Storage Arrangements

Medicines should be stored in a dedicated medicine fridge, clearly labelled in a sealable plastic container.

# Ensuring the correct dosage is given to the right child

Bodriggy Staff will administer medicines and will also be responsible for ensuring that all doses are recorded on the permission list. This list will record the name of the child, the date when administered, the time when administered, the name of the medicine, the dosage given and they will record their signature.

No child under 16 should be given medicines without their parents’ consent either written or signed on a medical plan.

# Asthma Inhalers

Where parents or carers inform the school of the use of asthma inhalers, spacers and nebulisers to be available to pupils, the procedures in 2 will be followed. However, the inhaler will be kept with the child in class or in their bag.

Inhalers should always be self-administered by all pupils. (Younger children may be given support to hold inhalers or spacers where necessary by the identified member of staff, but the administration must be completed by the pupil).

Pupils should have immediate access to inhalers. Although inhalers may be misused, the risks associated with delay in access are much greater than those of misused by pupils. For this reason, older students should keep their own inhaler with them and for younger children it would be appropriate for inhalers to be given to the class teacher.

If pupils are having trouble in managing their inhalers their parents and the school nurse should be informed so that they can take action to support the child in the correct use of an inhaler.

# Other medical procedures

From time to time other medical procedures may be required to be carried out for pupils who have complex medical needs e.g insulin injecting diabetics, those requiring epi-pens etc.

Teaching and non-teaching staff may volunteer to undertake these medical procedures. Appropriate training will be given to these staff who volunteer to undertake the task.

# Emergencies

All staff should know how to call the emergency services (999) and know who is responsible for carrying out first-aid and administering of medication in the school. A pupil who is required to be taken to hospital by ambulance should always be accompanied by their parent or a member of staff who should remain until the parents/carers arrive.

# Record Keeping

Parents should tell the school or setting about the medicines their child needs to take. They should provide details of any changes to the prescription or support required.

For all medicines administered (other than asthma inhalers) written records must be kept each time medicines are given and parents should be informed of the time it was given.

# Educational Visits

A risk assessment for educational visits should include a section on medical needs and medicines to be taken. Staff should allocate a designated person.

# Safety Management

The medicines should not be locked away. The staff should be responsible for safe storage of medicines. Inhalers can be carried by children if agreed by the Head Teacher and Parents.

All medicines are harmful to anyone who takes them without medical advice.

All children are regularly informed that they must not take any medicine which they find and medication should be handed to an adult.

# Disposal

Staff should not dispose of medicines. Parents are responsible for ensuring expired medication is returned to the pharmacy.

# Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infections. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of equipment.

# Medical Plans

The main purpose of a care/medical care plan for a child with medical needs is to identify the level of support needed. Not all children require a medical plan. Medical care plans will be put in place for a child with a significant medical need (not asthma inhalers) where staff may need to administer medication.

Medical care plans are issued by a nurse and should be updated annually by the school health visitor.

# Individual Healthcare Plans

The school, healthcare professionals and parents/carers should agree, based on evidence, when an Individual Healthcare Plan would be inappropriate or disproportionate. Where there is a discrepancy an appropriate healthcare professional should be asked to arbitrate.

Individual Healthcare Plans must:

* Be clear and concise.
* Be written in partnership with parents, child, healthcare professional and key staff.
* Be reviewed annually or when there is a change in the condition of the child.
* Be easily accessible whilst preserving confidentiality.
* Securely stored by the Deputy Headteacher/SENCO.
* Outline educational provision if the child is unable to attend school.
* Contain details of the medical condition, its triggers, signs, symptoms and treatments.
* Include relevant SEND information.
* Provide details of the child’s resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their

Condition, dietary requirements, modifications to buildings, furniture or equipment, and environmental issues e.g. crowded corridors, travel time between breaks and lessons.

* Outline specific support for the child’s educational, social and emotional needs – for example, how absences will be managed, changes to the school day and details of a personalised curriculum, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions etc.
* Outline the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring.
* State who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child’s medical condition from a healthcare professional; and cover arrangements for when they are unavailable.
* State contingency plan and plan of action in the event of an emergency.