



ADMINISTRATION OF MEDICINE AND SUPPORT OF CHILDREN WITH COMPLEX HEALTH NEEDS

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Signed: _____
Chair of Governors

Introduction

Medicines can only be taken in school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. Parents are encouraged to give doses outside the school day if possible e.g. three times a day could be taken in the morning, after school and at bedtime. Parents are asked to come into school to administer medicines if it is for a short term i.e. a week or less. The school may administer medication on a short-term basis in exceptional circumstances and with the prior approval of the Headteacher. A request to administer medication must be completed by the parent/carer (See appendix 1).

Procedures

- Only medicines prescribed by a doctor, dispensed by a pharmacist and clearly labelled can be accepted. The school cannot accept medicine that has been taken out of the container as originally dispensed or make changes to dosages on parental instructions.
- Medicines are only administered if a care plan/protocol is in place.
- Medicines are only accepted by the office staff if they are brought in by the parent/carer. Medication will not be accepted from pupils. They should be clearly marked with the name and class of the pupil, together with the dose and the time(s) of day at which it should be taken as indicated by the care plan.
- Medicines will be recorded and kept securely in the first aid cupboard located in the office area, and will not be held in classrooms. Exceptions being, medicines provided for emergency treatment such as reliever inhalers for asthmatic pupils (see asthma procedures appendix 2) epi-pens or glucose tablets for diabetics, which will be kept close to the pupil(s) concerned for immediate use.

Analgesia e.g. paracetamol or ibuprofen will not be administered to pupils, unless a care plan/protocol is in place.

Process for the Administration of Medicines in School – long term medical needs

Where a pupil has long-term medical needs, a care plan/protocol must be written with the assistance of the School Health Team and in the presence of the parent/carer of the pupil. This may result in an individual risk assessment also being required. The care plan/protocol must be followed and reviewed annually or more frequently as required. It is the parent's/carer's responsibility to inform the member of staff managing care plans/protocols of any changes to the pupil's condition that may require the details of the care plan to be altered. The Headteacher will be responsible for ensuring that staff have up to date training to administer or give the level of care required by the details of the care plan/protocol as appropriate. Details of the administration of any medication will be recorded on the CPOMs system and parents advised by telephone by the Welfare Officer/Office staff.

Specific Medical Requirements

There will be annual training for staff delivered via iHASCO online training on more generalised needs e.g. asthma awareness, Epi-pen training, diabetes and epilepsy. The school is supported by the School Health Team who provide staff with advice and any relevant training on request.

- Asthma is a physical condition that affects many children at school; pupils are encouraged to self-administer their own inhalers when required as directed by a medical practitioner. See Asthma policy.
- Anaphylaxis – Staff at school are advised of pupils who suffer from severe allergic reactions to food products e.g. nuts, fish, cow’s milk and eggs. If a pupil appears to demonstrate symptoms of anaphylaxis such as swelling of the face, lips, mouth, tongue, throat and any difficulty in breathing, the care plan/protocol is followed and emergency services are contacted immediately along with the parents/carers. The administration of appropriate medicines to a pupil suffering from anaphylactic reaction will be given by school staff that have been trained to do so. Where such medicines are brought into school they will be clearly labelled and kept in the green medical boxes in the class and spare medication kept securely but not locked in the first aid cupboard by the school office. The school AAI’s are kept in the ASBM office along with a register of those pupils who the school has received authorisation to use in an emergency.
- Other specific medical conditions – through close liaison with parents/carers, medical professionals and staff at Mayespark Primary School, provision for other medical conditions can be established as required and a care plan/protocol written.

Process for Managing Prescription Medicines on Trips and Outings

Children with medical needs, particularly of a long-term nature are encouraged to take part in all aspects of school activities, where necessary, risk assessments are carried out. The administration of medicines follows the same procedures as for administration in school. Medication, along with a copy of health care plans/protocols will be taken on visits. First aid kits will be taken on all off-site activities, and these activities will be risk assessed to ascertain if a trained first aider is needed to attend. A parent may be required to accompany their child on trips in some instances. Discussions will be held prior to any residential trips to meet the pupil’s needs to ensure safety in line with the timescales outlined in the Educational Visits Policy.

Roles and Responsibilities of Staff Administering Medicine

Any member of staff giving medicines to a child will check:

- Parental permission form (Residential trips)
- The child’s care plan/protocol
- The child’s name
- The prescribed dose
- The expiry date (It is the parents/carers responsibility to ensure medication is in date)
- Written instruction by prescriber on the label

If there is any doubt about any procedure, staff will not administer the medicine but will check with parents/carers first. Each time medicines are given; the member of staff concerned will enter all details on CPOMs and advise parents accordingly.

We support and encourage self-administration, under supervision of a member of staff.

If a child refuses medicine, staff will not force them to take, but will record this and ensure that the parents are informed.

Parental Responsibilities in Respect of their Child's Needs

Parents/carers should provide the school with sufficient information about their child's medical needs if treatment or special care is needed. Parents/carers and the School will then reach an agreement on the school's role in supporting the child's medical needs. Parents/carers should be aware that sharing information with other staff and medical professionals (e.g. School Nurse) will ensure the best care for the child.

It is the responsibility of parents to ensure that medicines are replaced as required and that expiry dates are not exceeded. They also collect medicines from School for disposal.

Staff Training in Dealing with Medical Needs

Each year lists are compiled for each class informing staff of pupils known medical conditions and symptoms together with their photograph. These lists are updated throughout the year and distributed to all staff so that they are aware of any incidents that may occur. All medical care plans are uploaded onto Integris and also CPOMs. A hard copy of the care plan/protocol will be kept confidentially within the classroom and the school office.

All staff who agree to accept responsibility for administering prescribed medicines to a child will be given the appropriate training and guidance.

Storage

Medicines can be classed as substances hazardous to health and as such are stored securely in the first aid cupboard by the school office, together with Epi-pens and spare asthma inhalers. If medication needs to be kept cool, it will be placed in an airtight container and placed in a fridge in the staff room.

Emergency Procedures

In the event of an emergency, an ambulance will be called and the pupil will be accompanied by a member of staff to hospital if the parent/carer is unavailable. Information about the child will be printed from Integris and handed to the paramedic on arrival.

Confidentiality

The Head teacher and staff will always treat medical information confidentially. The school will agree with the parent/carer who should have access to records and other information. If a child's medical condition has not been disclosed, staff are not responsible in any emergency situation if care given is not in accordance with a child's medical condition.

Appendix 1

Request to School to Administer Medicine

This form is to be completed by the Parent/Carer. Please use block capitals and only black ink.

Surname of Pupil		First Name(s) of Pupil	
Address		Telephone number/s	
Gender M/F	Date of Birth	Class or Form	
Condition or illness			
Name of Medicine			
Date dispensed		Duration of administration	
Full directions for use			
Name of Parent/Carer		Relationship to pupil	
Address			
Emergency Contacts (daytime)		Emergency Contacts (evening)	
Signature		Date	



Asthma Procedures

1. The school recognises that asthma can present as a mild to severe condition affecting many school children.
2. The school does all it can to ensure that the school environment is favourable to children with asthma. The school has a non-smoking policy and is aware of the possible effects of keeping pets in the classroom. As far as possible the school does not use chemicals in science and art that are potential triggers for pupils with asthma.
3. The school ensures that children with asthma participate fully in all aspects of school life including P.E. Teachers will remind children whose asthma is triggered by exercise to take their reliever inhaler before the lesson and complete a warm up if appropriate. If a child needs to use their inhaler during the lesson they will be permitted to do so. Inhalers need to be taken to the P.E. lesson so that the child is the care of the teacher throughout. On PPA days the inhalers should be taken to each lesson by the pupil.
4. The school recognises that immediate access to reliever inhalers is vital. Pupils are encouraged to carry their reliever inhaler as soon as they are able to co-ordinate the use of the inhaler. The reliever inhalers of younger children are kept in the classroom in a green labelled box and are visibly accessible. Parents/Carers are asked to ensure that the school is provided with a labelled spare reliever inhaler. This will be held in the school office in case the child's own inhaler runs out or is misplaced. All inhalers must be labelled with the child's name by the parent. All school staff will supervise children as they take their relief medication.
5. The school will identify a staff member to check the expiry date of all reliever inhalers every month and maintain the school asthma register. At the beginning of each school year, or when a pupil joins the school, parents/carers are asked if their child has any medical condition. All parents/carers of pupils with asthma are given an asthma questionnaire to complete and return to the school. From this information the school keeps and updates its asthma register which is available to all school staff. Questionnaires are then sent to parents/carers on an annual basis to update medication changes. In between times, parents are asked to inform the school of any changes.

6. The school has an emergency spare reliever inhaler which is kept in the ASBM office along with the Asthma register, and completed parental consent forms authorising usage in an emergency.
7. The school will ensure that inhalers are taken whenever children go off-site e.g. for swimming, school trips, sports matches.
8. The school will ensure that all staff know what to do in the event of an asthma attack. The school will also have first aiders fully trained in asthma care. Training is delivered online via iHASCO.
9. If a child is frequently absent from school because of asthma, medical evidence may be required to support these absences. The Education Welfare Officer and School Nurse may be involved and a care plan/protocol may be required.

These procedures have been written with advice from the DfE, Asthma U.K., the Local Authority, School Healthcare Service, local healthcare professionals, parents, the governing body and pupils.

These procedures will be monitored and reviewed on an annual basis

Sources of information and guidance: Asthma U.K. – School Policy guidelines 2006

