



# Lenham Primary School

*Take Pride; Be Proud*


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## Administering Medicines Policy

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This policy provides an effective management system to support individual children with medical needs who require access to their medicines whilst in school.

## **1. Introduction**

Under the requirements of the Special Educational Needs and Disability Act, it is the responsibility of the Children's Services Department and schools to enable children to be in school wherever possible.

Under Part 3 and 4 of the Disability Discrimination Act (DDA), responsible bodies for schools must not discriminate against disabled children in relation to their access to education and associated services, including off-site visits, school clubs and activities. Reasonable adjustments must be made by schools for disabled children, including those with medical needs at different levels of school life, and detailed in their policies and procedures

## **2. Responsibilities**

The Children's Services Department has a responsibility to support the school by clarifying their responsibilities for the administering of medication.

The Health and Safety team, on behalf of Children's Services Department, will monitor the implementation of this policy through the programme of health and safety audits.

The Headteacher and Governing Body will:

- Implement effective management procedures to manage individual children's medical needs.
- Nominate sufficient staff within the school to manage medicines as part of their duties.
- Ensure that medicines are handled correctly.

## **3. General**

Most children will at some time have a medical condition that may affect their participation in school activities. This is most likely to be short term, e.g. completion of a course of antibiotics. Some children, however, have medical conditions that, if not managed, could limit their access to education. These children are regarded as having medical needs. Many children with medical needs are able to attend school regularly and, with support from schools, can take part in most school activities. Close supervision by staff may be needed in some activities to ensure that children and others are not put at risk.

Parents or carers have the prime responsibility for their child's health and should provide the school with information about their child's medical condition. The parent/carer should obtain additional details from their child's healthcare professional when needed.

The school must take into account its responsibilities under the Disability Discrimination Act and a child's right of admission when deciding on their policy. However, unless a duty to administer medications is included in their job descriptions, this role would be considered voluntary as there is no legal duty that requires staff to administer medication.

It is recommended by the Department for Education that schools ensure that they have sufficient members of support staff, with appropriate training, to manage medicines as part of their duties and that these duties are included in job descriptions. This is necessary to ensure that there are no errors in the administration, handling and storage of medicines and to ensure that the schools Governing Body can demonstrate that they have taken all reasonable steps to administer medicines in a safe and proper manner.

Some children who have complex medical needs will require more support than regular medicines. It is important to seek medical advice and training regarding the children's individual needs.

For children who have complex medical needs the school will develop individual health care plans to identify the necessary safety measures that need to be put in place to fully support the child.

(See Supporting children with medical conditions policy)

There must be an assessment of the risks to the health and safety of staff and others with control measures put in place to minimise and manage any identified risks.

Some children, depending on age and ability, may be capable of taking their own medicine, or deciding when they need to do so. The progress towards such independence must be agreed in consultation with parents, the child and the relevant healthcare professionals. Initially it may also involve a greater degree of vigilance and supervision on the part of the school.

The individual child and family have a right to confidentiality and, as with any other medical condition, privacy and the need for prompt and effective care are to be balanced with sensitivity. Where possible, the headteacher will seek parents' agreement before passing on information about their child's health to other school staff. Sharing information is important if staff and parents are to ensure the best care for a child.

The school must ensure that this policy is communicated to parents/carers.

#### **4. Legislation**

Schools are required to make reasonable adjustments for disabled children including those with medical needs and for the individual disabled child in their policies and procedures.

There are three key pieces of legislation which the school considered while developing this policy. The headteacher and the Governing Body may need to demonstrate their compliance with this legislation following any challenges of discrimination that may be made.

## The SEN and Disability Act 2001

The Act states that children with special educational needs should have their needs met and that this will normally be in mainstream schools. Unless a parent indicates that they do not want their child educated in a mainstream school the local authority must ensure that the child is educated in a mainstream school, unless it is incompatible with the efficient education of other children and reasonable adjustments cannot be made.

## The Disability Discrimination Act 1995

The Disability Discrimination Act 1995 (DDA) defines a disabled person as: "someone who has a physical or mental impairment which has a substantial and long-term adverse effect on his or her ability to carry out normal day-to-day activities". This definition covers children with physical (including sensory), intellectual or mental impairments. The definition is broad and might include children with a learning disability, sensory impairment, severe dyslexia, diabetes or epilepsy, children who are incontinent, or who have AIDS, severe disfigurements or progressive conditions like Muscular Dystrophy.

It is unlawful for any school to discriminate against disabled children (current or prospective) in relation to all education and associated services for children and prospective children - in essence, all aspects of school life, including extra-curricular activities and school trips. A disabled child can be discriminated against in two ways:

- If a school treats a disabled child or prospective child less favourably than another because of his or her disability without justification, they may be breaking the law
- Schools can also be found to have discriminated where they have failed to take "reasonable steps" which leads to disabled children and prospective children being placed at a "substantial disadvantage" compared to non-disabled children.

The key tests are that policies, procedures and practices do not lead directly to less favourable treatment or substantial disadvantage and that they provide the school with the flexibility required to respond to individual needs as they arise.

## The Disability Equality Duty

In December 2006 The Disability Discrimination Act (DDA) 1995 was amended to place a duty on all public bodies including local councils and schools to promote disability equality. This is a positive duty which builds in disability equality at the beginning of the process, rather than making adjustments at the end. This duty changes the emphasis of the legal framework which previously relied on individual disabled people complaining about discrimination to one in which the public sector becomes a proactive agent of change. All public bodies have to have due regard for the need to eliminate unlawful discrimination and promote equal opportunities for disabled people. They will also need to consider the elimination of harassment of disabled people, promotion of positive attitudes and the need to encourage the participation of disabled people in public life.

## **5. The Policy**

The Headteacher and Governing body, when developing this policy, took into account the needs of the school and the views of staff.

If a signed Consent Form is provided by the parent/carer, the school will administer all prescribed medicines.

This policy includes the following:

- Procedures for managing prescription medicines which need to be taken during the school day;
- Procedures for managing prescription medicines on off-site visits;
- A clear statement on the roles and responsibilities of staff managing administration of medicines, and for administering or supervising the administration of medicines;
- A clear statement on parental responsibilities in respect of their child's needs;
- How the school will maintain confidentiality as appropriate, when provided with information about a child's medical needs;
- The need for prior written agreement from parents for any medicines to be given to a child;
- How the school will assist children with long term or complex medical needs;
- A clear statement on children carrying and taking their medication themselves;
- Staff training in dealing with medical needs;
- Record keeping;
- Storage and access to medication;
- Access to the school's emergency procedures;
- Risk assessment and management procedures.

The headteacher will ensure that all parents, new and existing, are aware of the school's procedures by providing a summary in the school's Prospectus. The Headteacher will make it clear that parents should keep children at home when they are acutely unwell and that they should not return until they are able to participate in the full curriculum.

#### Non-Prescription Medication

Will not be administered by school staff. If a medication needs to be taken 3 times a day this can be facilitated before school, after school and before bed. If parents wish for non-prescribed medication to be given within the school day they can come and administer themselves.

### Short Term Medical Needs

Many children may need to take medication during the school day at some time during their time in school, e.g. to finish a course of antibiotics or to apply a lotion. To allow a child to do this will minimise the time they need to be absent. However, medicines should only be brought to school where it would be detrimental to a child's health if it were not administered during the school day. Ideally, the medication could be prescribed in dose frequencies which enables it to be taken outside the school day, i.e. three times per day (breakfast, dinner, and bedtime).

### Prescribed Medicines

Medicines should only be brought to school where it would be detrimental to a child's health if it were not administered during the school day. Only medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber will be accepted. The medicines should always be provided in the original container and include the prescribed instructions for administration.

The school will not accept medicines that have been taken out of the original container or make changes to dosages on parental instruction.

It would be beneficial, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken out of school hours and parents should be encouraged to request this from their GP or other Health Care Professional.

The Medicines Standard of the National Service Framework for children recommends that a range of options are considered including:

- Healthcare professionals/dentists considering the use of medicines which only need to be administered once or twice per day (where appropriate) for children so that they can be taken outside school hours;
- Healthcare professionals/dentists to consider providing two prescriptions, where appropriate and practicable, for a child's medicines: one for home and one for use in the school, avoiding the need for repackaging or relabelling of medicines by parents.

### Controlled Drugs

Any member of staff may administer a controlled drug to a child for whom it has been prescribed and the prescribed instructions must be followed.

Following a risk assessment, a child who has been prescribed a controlled drug may legitimately have it in their possession. It is permissible for the school to look after a controlled drug, where it is agreed that it will be administered to the child to whom it has been prescribed.

Controlled drugs must be kept in a locked non-portable container and only named staff should be given access. A record should be kept for audit and safety purposes.

When administering controlled drugs, two members of staff must sign the record of administration of medicine form. The first signature is by the person administering. The second signature is by the person who has witnessed the whole procedure.

When a controlled drug is no longer required, it must be returned to the parent who will arrange safe disposal via the local pharmacy. If this is not possible, the drug should be returned to the dispensing pharmacist.

Misuse of a controlled drug, such as passing to another child for use is an offence.

### Long-Term Medical Needs

It is important for the school to have sufficient background information about the medical condition of a child with long term medical needs. If a child's medical needs are not fully supported, this can negatively affect a child's academic attainments and/or lead to emotional and behavioural problems. The school, therefore, needs to know about any medical needs before a child starts school or when a child develops a medical condition. This is covered in Lenham Primary school's Procedure for Supporting children with medical needs.

### Administering Medication

The school has a secure fridge for storing non-emergency medicines. All emergency medicines, e.g. asthma inhalers, adrenaline pens, should be stored safely but be readily available and not locked away.

When administering medication the following precautions must be considered by staff:

- A child under the age of 16 must not be given any medication without parental consent. All prescribed medicines that are to be administered in school must be accompanied by written instructions from the healthcare professional, specifying the medication involved, circumstances under which it should be administered, frequency and levels of dosage.

Each time there is a variation in the pattern of dosage a new form should be completed. If necessary the health care professional can assist with the completion of the form.

- It is recommended that a primary school child should never carry medicine to and from school. Medicine must be handed over by the parent as soon as the child arrives at school.

Medication should only be given to the named child. Children must not be given medication which has been prescribed for another child. Parents are responsible for ensuring that there is sufficient medication to be used in school and that the medication has not passed its expiry date.

- Where there is any doubt about the correct dosage to be administered, advice must be obtained from the child's healthcare professional before the medicine is administered.
- As more than one person can administer medicine, to avoid double dosing the Record of Administration of Medicine must be consulted before any dose is given.

When administering medication, staff must complete and sign a record of administration.

Any member of staff giving medication should check:

- Details on the medicine label



- child's name;
- written instructions provided by parents;
- prescribed dose;
- expiry date;
- that all children who are due to receive medication have received their medication.

It is essential that where children have conditions which may require rapid intervention, all staff are able to recognise the onset of the condition and take appropriate action. Where appropriate, training and advice on recognition of symptoms will be obtained from healthcare professionals.

The school will devise an emergency action plan for such situations after liaising with healthcare professionals, etc. This has implications for school journeys, educational visits and other out of school activities. Planning will take into account access to a telephone in an emergency, which might involve the use of mobile phones, in order to summon medical assistance or an ambulance.

### Self-Management

At Lenham Primary School, no children are permitted to carry and administer their own medication. However, if it was decided to give permission in certain cases, written consent would first be obtained from the parent/carer.

Where a controlled drug has been prescribed, staff should be aware that these need to be kept in a secure container.

### Refusing Medication

If a child refuses to take their medication, they should not be forced to do so and a note made in the record of administration. The parents/carer should be informed of the refusal on the same day. If the refusal results in an emergency, the school's emergency procedures should be followed. For children with complex/long term medical needs, these procedures will be set out in their individual health care plan.

### Record Keeping

Parents/carers are responsible for supplying information about the medication and informing the school about changes to the prescription or the support needed. However, the school should check that this is the same information as that provided by the healthcare professional or on the prescribed instructions.

Medicines should always be provided in the original container which should include the following written information:

- name of child;
- name of medication plus the form of the medication (e.g. tablets, liquid);

- dose;
- method of administration;
- time and frequency of administration;
- any side effects (these will be included in the Patient Information Leaflet);
- expiry date (you may need to seek advice from the Pharmacist).

A parental consent form must be obtained before the administration of any medication and this form will record the above details.

After the parental consent form has been completed by the parent/carer, the office staff will sign at the bottom of the consent form to confirm that school staff will assist with medication.

Records must be kept of all medicines administered.

The school will keep records for at least 10 years, in case an incident occurs or a parent indicates that they may take legal action.

### Safety Management

Some medicines may be harmful to anyone for whom they are not prescribed. The headteacher will ensure that the risks to the health of others are properly controlled and monitored.

All medication and parent/carer consent forms should be handed to school office staff.

### Storing Medication

The school will not store large amounts of medication. Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should always be provided in the original container and include the prescriber's instructions, including the name of the child. If a child requires two or more prescribed medicines, each should be in a separate container.

Children should know who to contact if they need their medication. The headteacher is responsible for ensuring that medicines are stored in accordance with the product instructions and safely away from children.

Antibiotics will be kept in a fridge used only for that purpose. Controlled drugs must be kept in a locked non portable container and only named staff should have access. In the case of controlled drugs, the name of the person(s) responsible for the cabinet or administering medication should be stated on the cabinet. In cases of emergency the key must be readily available to all members of staff to ensure access.

Some medicines need to be refrigerated. These may only be kept in a refrigerator containing food if they are in an airtight container and are clearly labelled. There should be restricted access to a refrigerator holding medicines.

If necessary, the school will obtain advice from Healthcare Professionals or the District Pharmacist on the design and positioning of safe storage for medicines. They can also offer advice on suitable temperatures required for certain items, possible damage by exposure to light and the life span of certain medication.

#### Disposal of Medicines

Staff should not dispose of medicines. Parents will be asked to collect medicines held at school at the end of each term.

Parents are responsible for disposal of date expired medicines. The healthcare professional may be able to safely dispose of any medicines that are not collected. If necessary, staff should contact the local pharmacy for advice.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the relevant healthcare professional. Collection and disposal should be arranged with the registered special waste contractor.

#### Hygiene/Infection Control

All staff should be familiar with normal precautions for avoiding infection and must follow basic hygiene procedures. Staff should have access to protective disposable vinyl gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

#### Emergency Procedures

The school's Emergency Procedures detail arrangements for dealing with emergency situations. Children within the school are given instructions on what to do in an emergency, e.g. telling a member of staff. All staff should know who is responsible (including a deputy) for carrying out emergency procedures.

A member of staff should always accompany a child to hospital by ambulance and should stay until the parent arrives. Healthcare professionals are responsible for any decision on medical treatment when parents are not available.

Staff should not take children to hospital in their own car; an ambulance will be called. For children with complex health needs, their individual health care plan should include instructions on how to manage the child in an emergency, and identify who has the responsibility in an emergency; for example, the role of the Lunchtime Supervisor following an incident in the playground.

(see Health and safety policy for more information)

## **6. Off-site Activities and Educational Visits**

It is good practice for schools to encourage children with medical needs to participate in safely managed visits. The group leader, in liaison with the headteacher, should consider the reasonable adjustments to be made to enable children with medical needs to participate fully and safely on the activity.

It may be decided that further control measures are necessary e.g. additional adult to accompany an individual child. Arrangements for taking any necessary medication will need to be considered as well as the storage requirements. All staff supervising off-site activities or educational visits should be aware of any medical needs and the relevant emergency procedures. A copy of the individual health care plan should be taken on visits in the event of the information being needed.

If staff are concerned about whether they can provide for a child's safety or the safety of other children, they should consult with the parents, relevant healthcare professionals and the Headteacher/Deputy Headteacher.

## **7. Sporting Activities**

Most children with medical conditions can participate in sport or extra-curricular activities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE should be included in their individual health care plan and, if appropriate, clearance obtained from the child's healthcare professional. Some children need to take precautionary measures before or during exercise or may need to have immediate access to their medication. If a child suffers a severe adverse medical reaction clearance should be obtained from their healthcare professional before resuming the activity.

## **8. Home to school Transport**

Where home to school transport is organised by the parent/carer (i.e. a taxi), it is their responsibility to inform the driver of their child's medical needs if they have any.

Where home to school transport is being provided by Kent County Council, the Council must take reasonable care to ensure that children are safe during the journey. Where children have specific medical needs, the driver and/or escort should know what to do in a medical emergency but should not, generally administer medication.

Most children with medical needs do not require supervision on school transport but escorts will be provided where necessary.

Where children have life threatening conditions or a medical need that requires an emergency response, specific health care plans should be carried on vehicles detailing the symptoms that may be displayed and the action to be taken by the driver and/or escort. Before sharing any information, parental consent must be obtained. All drivers and escorts will receive basic first aid training as well as an awareness session on complex medical needs and the procedures to be followed in an emergency.

Some children are at risk of severe allergic reactions. This risk can be minimised by not allowing anyone to eat on vehicles. It is recommended that all escorts are trained in the use of an adrenaline pen for emergencies, where appropriate.

## **9. Confidentiality**

All medical information should be treated as confidential by the headteacher and school staff. The Headteacher or Deputy Headteacher will agree with the parent (and the child if appropriate) who else should have access to records, etc. about their child. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

## **10. Staff Indemnity**

Staff who assist with administering medication to a child in accordance with the procedures detailed within this policy and guidance are explicitly reassured that they will be acting within the scope of their employment and that they will be indemnified. Indemnity requires that these procedures are followed as described here. The indemnity though will not be given in cases of fraud, dishonesty, or criminal offence. In the most unlikely event of any civil action for damages being taken against a member of staff, the County Council will accept responsibility in accordance with the indemnity. Any member of staff will be fully supported throughout the process should an allegation be made.

*Note: The school purchases Public Liability Insurance from KCC; this fully indemnifies Lenham Primary school staff against claims of negligence from parents, providing the staff act within the terms of this policy. In practice, this means the County Council and not the employee will meet the cost of damages should a claim for alleged negligence be successful. It is very rare for school staff to be sued for negligence and the action will usually be between the parents and the County Council.*

**Appendix A**  
**LENHAM PRIMARY SCHOOL**  
**Health Care Plan**

Name of Child: .....  
Date of Birth: .....  
Address .....

Medical Diagnosis or Condition: .....  
Date: .....  
Class/Form: .....  
Review Date: .....

**Contact Information**

**Family Contact 1 Family Contact 2**

Name: ..... Name: .....  
Phone: Work: ..... Phone: Work: .....  
Home: ..... Home: .....  
Relationship: ..... Relationship: .....

**Clinic/Hospital Contact GP/Health Care Professional**

Name: ..... Name: .....  
Tel No: ..... Tel No: .....

Describe medical needs or condition and give details of pupil's individual symptoms:

.....  
.....

Daily care and medication requirements (e.g., before sport/at lunchtime):

.....  
.....

Special requirements (e.g. dietary needs):

.....  
.....

Possible side effects of any medication:

.....  
.....

Describe what constitutes an emergency for the pupil and the action to take if this occurs:

.....  
.....

Describe what **NOT** to do in an emergency:

.....  
.....

Follow-up Care:

.....  
.....

Who is responsible in an emergency: (state if differ on off-site activities):

.....  
.....

Procedures to be followed when transporting the pupil (e.g. home to school transport, off-site visits):

.....  
.....

This health care plan will be reviewed on .....

Signed.....  
Signed.....  
(Headteacher/Deputy Headteacher) (Parent/Carer)  
Date.....  
Date.....  
Form copied to:

.....  
***When completed, this form to be kept on the pupil's main school file***

## **Appendix B**

### **Sample Protocol for Detailing Emergency Arrangements**

#### **Background**

*(insert child's name)* may suffer *(insert medical condition)*.

*List any known triggers if appropriate*

If this occurs, he/she is likely to need medical attention and, in an extreme situation, his/her condition might be life threatening. However, it is recommended by his/her consultant that his/her education should carry on "as normal".

\* *Only include if child has another medical condition.*

- *(insert child's name)* also suffers from *(insert other medical condition if appropriate)* and may, therefore, need occasional access to *(insert name of medication)*.

The arrangements set out below are intended to assist *(insert child's name)*, his/her parents and the school in achieving the least possible disruption to his/her education but also to make appropriate provision for his/her medical requirements.

#### **Details**

The headteacher will arrange for the relevant staff (e.g., class teacher, general assistant, midday supervisory assistants) in the school to be briefed about *(insert child's name)* condition and about other arrangements contained in this document.

\*\* Only include if child is at risk of anaphylaxis and the allergen is a food substance.

\*\* The school staff will take all reasonable steps to ensure that *(insert child's name)* does not eat any food items unless they have been prepared/approved by his/her parents.

\*\* *(insert child's name)* parents will remind him/her regularly of the need to refuse any food items which might be offered to him/her by other pupils.

\*\* In particular, *(insert child's name)* parents will provide for him/her

- a suitable mid morning snack;
- a suitable packed lunch
- suitable sweets to be considered as 'treats' and to be kept by the teacher.

\*\* Whenever the planned curriculum involves cookery or experiments that may involve *(insert name of allergen)* prior discussions will be held between the school and parents to agree measures and suitable alternatives.

If there are any proposals which mean that *(insert child's name)* may leave the school site, prior discussions will be held between the school and *(insert child's name)* parents in order to agree appropriate provision and safe handling of his/her medication.

The school will hold, under secure conditions, appropriate medication, clearly marked for use by designated school staff or qualified personnel and showing an expiry date.

*(insert list of medication that will be kept by school)* are/is to be held in *(insert location)*.

The parents/carer accepts responsibility for maintaining appropriate supplies of medication.



### Ill Health

(Insert medical condition, e.g. epileptic seizure, hypoglycaemia episode, etc)

In the event of (*insert child's name*) showing any physical symptoms for which there is no obvious alternative explanation, his/her condition will be immediately reported to (*insert name of person nominated to take control of the situation. This person could be the class teacher, first aider or headteacher*).

On receipt of such a report, this person, if agreeing that his/her condition is a cause for concern will instruct a member of staff to contact (in direct order of priority):

- AMBULANCE - Emergency Services 999

Message to be given - (*name of child*) (*insert medical condition*)

- Parents/carer

Name - number (*insert*)

Whilst awaiting medical assistance, (*insert name of nominated person*) will assess (*insert child's name*)'s condition and **administer the appropriate medication** in line with perceived symptoms and following closely the instructions given during the staff training session and detailed on the consent form.

The administration of this medication is safe for (*insert child's name*). Even if it is given through a misdiagnosis it will do him/her no harm.

On the arrival of qualified medical staff, the nominated person will tell them of the medication given to (*insert child's name*). All used medication will be handed to the medical staff.

After the incident, a debriefing session will take place with all members of staff involved.

Parents will replace any used medication.

### Training

Volunteers from the school staff have undertaken to administer the medication in the unlikely event of (*insert child's name*) having (*insert medical condition*).

A training session was held by (i.e. *school nurse*) which was attended by (*insert names of staff/trained in procedure*). (*insert name*) was nominated as the key person to take control of a situation and (*insert name*) was nominated to perform this role in the event of their absence. The (*insert title, i.e. School Nurse*) explained in detail, (*insert name of child*)'s condition, the symptoms of (*insert medical condition*) and the stages and procedures for the administration of medication.

Further advice is available to the school staff at any point in the future if they feel the need for further assistance. In any case, the medical training will be repeated every six months.

### Staff Indemnity

In order to give staff reassurance about the protection their employment provides, the public liability insurance purchased from East Sussex County Council (hereinafter called

the County Council) fully indemnifies White House staff against claims of negligence from (*insert child's name*) parents, providing the staff are acting within the terms of this protocol. In practice, the indemnity means the County Council and not the employee will meet the cost of damages should a claim for alleged negligence be successful. It is very rare for school staff to be sued for negligence and the action will usually be between the parent and the County Council.

**Agreement & Conclusion**

A copy of these notes will be held by the school and the parents.

A copy of these notes will be sent to (*insert child's GP/doctor's name and address*) and (*insert school nurse's name and address*) for information.

Any necessary revisions will be the subject of further discussions between the school and the parents.

On a termly basis, any changes in routine will be noted and circulated.

Agreed & Signed on behalf of the school

Headteacher: .....

Date: .....

Parents/Carer: .....

