

# English Martyrs Catholic Primary School

*'A Learning Community in Christ'*



## Medicines in School Policy

### Statement of Intent

Section 100 of the Children and Families Act 2014 places a duty on Governing Bodies of maintained schools, proprietors of academies and management committees of Pupil Referral Units (PRUs) to make arrangements for supporting pupils at their school with medical conditions. The Governing Body of English Martyrs will ensure that these arrangements fulfil their statutory duties and follow guidance outline in 'Supporting pupils at school with medical conditions April 2014'.

Establishment staff do not have a statutory duty to give medicines or medical treatment. However medicines will be administered to enable the inclusion of pupils with medical needs, promote regular attendance and minimise the impact on a pupil's ability to learn. In an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this might mean giving medicines or medical care.

### Organisation

The Governing Body will develop policies and procedures to ensure the medical needs of pupils at English Martyrs Catholic Primary School are managed appropriately. They will be supported with the implementation of these arrangements by the Headteacher and school staff.

The Lead for Managing Medicines at English Martyrs Catholic Primary School is Mary Aherne or in her absence Debbie Elmer. In their duties staff will be guided by their training, this policy and related procedures.

### Implementation Monitoring and Review

All staff, Governors, parents/carers and members of the English Martyrs Catholic

Primary community will be made aware of and have access to this policy. This policy will be reviewed bi-annually and its implementation reviewed as part of the Headteacher's annual report to Governors.

## **Prescription Medicines**

Medicine should only be brought to school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime.

Occasionally a GP may prescribe that a medicine has to be taken during the school day. Parents may call into the school and administer medicine to their child, or they may request that a member of school staff administers the medicine. When school staff administer medicines, the parent/carer or guardian must supply the medicine in the original pharmacist's container clearly labelled including details of possible side effects to the school office and must complete a 'Parental agreement for setting to administer medicine' form (Appendix 1 Template B). On no account should a child come to school with medicine if he/she is unwell.

## **Non-prescription Medicines**

Non-prescription medicines are not administered at school and pupils should not bring them to school for self-administration. Only non-prescription travel sickness medication will be administered by staff providing they are supplied in the original packaging and accompanied by a 'Parental agreement for setting to administer medicine' form (Appendix 1 Template B). Medication must be suitable for the pupil's age, supplied by the parent (not the school) and its original packaging, with manufacturer's instructions. Staff will check that the medicine has been administered without adverse effect to the child in the past and parents must certify this is the case – a note to this effect should be recorded on the consent form. The medication will be stored and administration recorded as for prescription medicines.

## **Controlled Drugs**

The school does not deem a pupil prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves. Controlled drugs will be stored securely in a non-portable container and only named staff will have access. Controlled drugs for emergency use must also be easily accessible. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug held in school.

## **Pupils with Long-term or Complex Medical Needs**

Parents/carers should provide the Headteacher with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made, between the parent/carers, Headteacher, Assistant Headteacher for Inclusion, school nurse and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. For pupils with significant needs, arrangements will be documented in an Individual Healthcare Plan (IHP) or Educational Health and Care plan (EHC). These plans will be reviewed by the school annually or following a significant change in a pupil's medical condition.

## **Admissions**

When the school is notified of the admission of a pupil with medical needs the Lead for Managing Medicines will complete an assessment of the support required. This might include the development of an IHP and additional staff training. The school will endeavour to put arrangements in place to support that pupil as quickly as possible. However the school may decide (based on risk assessment) to delay the admission of a pupil until sufficient arrangements can be put in place.

## **Pupils Taking Their Own Medication**

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication. Appropriate arrangements for medication should be agreed and documented in the pupil's individual health care plan and parents should complete the relevant section of 'Parental agreement for setting to administer medicine form (Appendix 1 Template B).

## **Staff Training**

The school will ensure that the staff who administer medicine to control specific chronic conditions are trained to administer those specific medicines, for example, Anaphylaxis (epipens), Diabetes (insulin) Epilepsy (midazolam). Training in the administration of these specific medicines is arranged via the school nurse. A record of training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required. See 'Staff training record – Supporting pupils with medical conditions' Templates - Template E.

The school will also ensure that other staff who may occasionally need to administer a prescribed medicine supplied by the parent with a valid consent form and, or an IHP, are trained in the procedure adopted by the school by the person who has completed the Managing Medicines course. A record of training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required. see 'Staff training record – Supporting pupils with medical conditions' Templates - Template E.

The school will ensure that a record is made of every dose of medicine administered in school. This record is completed by the person that administers the medicine. See record of medicine administered to an individual child Template C and Template D record of medicines administered to all children - Supporting pupils with medical conditions' Templates.

## **Storage and Access to Medicines**

All medicines apart from emergency medicines (inhalers, epipens etc) are kept in a locked store cupboard. Medicines are always stored in the original Pharmacist's container. Pupils are told where their medication is stored and who holds the key. In the event that a pupil requires an emergency medication that must be locked away, staff will be fully briefed on the procedures for obtaining the medication in an emergency.

Emergency medicines such as inhalers and epipens are kept in a clearly identified container in the main office. Pupils are encouraged to hold an additional inhaler in their bag. Staff must ensure that emergency medication is readily available at all times i.e. during outside PE lessons, educational visits and in the event of an unforeseen emergency like a fire. Parent/carers will be asked to supply a spare epipen for each child and they will be kept in the school office. In accordance with the Human Medicines (Amendment No 2) Regulations 2014 the school will keep a small supply of salbutamol inhalers for emergency use.

Medicines that require refrigeration are kept in the staffroom fridge, clearly labelled in an airtight container.

## **Record Keeping**

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24 where it will then be destroyed. This includes medicines administered by staff during all educational visits. A parent/carer will be informed if their child has been unwell during the school day. For record sheets see 'record of medicine administered to an individual child' Template C and 'record of medicine administered to all children' template D Appendix 1.

## **Emergency Procedures**

In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a pupil who has an IHP, the emergency procedures detailed on the plan are followed, and a copy of the IHP is given to the ambulance crew. IHPs will also be given to those companies and staff providing transportation of pupils to and from school, in order that the IHP can be passed to the ambulance crew in the event of an emergency. Instructions for calling an ambulance are displayed prominently by the telephone in the school office. A blank proforma is attached in Appendix 1

'contacting the emergency services' Template F. In the event that a parent/carer is unavailable to accompany a child to the hospital, a member of staff will accompany the child in the ambulance to the hospital.

## **Medicines on Educational Visits**

Staff will administer prescription medicines to pupils when required during educational visits. Parent/carers should ensure they complete a consent form (Appendix 1) and to supply a sufficient supply of medication in its pharmacist's container. Non-prescription medicines (apart from travel sickness medication) cannot be administered by staff and pupils must not carry them for self-administration. Hay fever remedies etc. should therefore be provided, if necessary, on prescription.

Pupils with medical needs shall be included in educational visits as far as this is reasonably practicable. School staff will discuss any issues with parent/carers and/or health professionals in suitable time so that extra measures (if appropriate) can be put in place for the visit.

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

## **Medicines on Residential Visits**

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

Occasionally it may be necessary to administer non-prescription medicines i.e. paracetamol, to pupils suffering acute pain from things like migraine, period pain, toothache. Parent/carer must give written consent prior to the residential visit using a 'Parental agreement for setting to administer medicine' form (Appendix 1 Template B) before non-prescription medication can be given. Staff will check that the medicine has been administered without adverse effect to the child in the past and parent/carer must certify this is the case – a note to this effect should be recorded on the consent form.

The medication will be stored and administration recorded as for prescription medicines. Pupils should not bring paracetamol (or other types of painkillers) on the residential visit for self-administration.

## **Travelling Abroad**

We currently do not travel abroad.

However in the event that we did then 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.

Best practice would be to translate these documents to the language of the country being visited. The international emergency number should be on the care plan (112 is the EU number).

## **Complaints**

Complaints arising from the medical treatment of a pupil whilst in school should, in the first instance be directed to the Headteacher. If the issue cannot easily be resolved, the Headteacher will inform the Governing Body who will seek resolution.

Signed  
Chair of Governors  
Date

Reviewed by Governors: April 2015  
Next review Date: April 2017