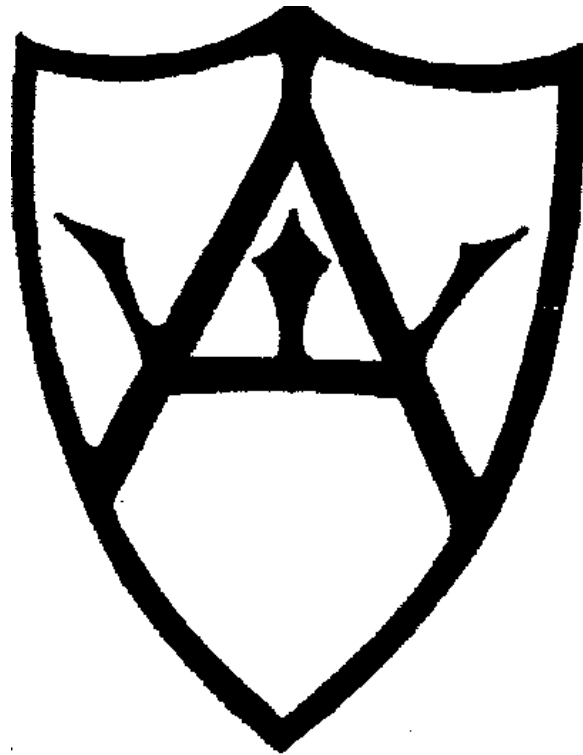


# **Alfriston School**



## **Administration of Medicines Policy**

Reviewed: Sept 2015

## Legislation

Schools and early year's settings are required to make reasonable adjustments for disabled children/young people including those with medical needs and for the individual disabled child/young person in their policies and procedures.

There are four key pieces of legislation that schools/settings will need to consider when deciding on their individual school/setting policy. Headteachers and governing bodies may need to demonstrate their compliance with this legislation following any challenges of discrimination that may be made.

### **The Children and Families Act 2014**

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 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 or settings. The local authority must ensure that children are educated in a mainstream, school/setting unless a parent indicates otherwise or 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/young people with physical (including sensory), intellectual or mental impairments. The definition is broad and might include children/young people with a learning disability, sensory impairment, severe dyslexia, diabetes or epilepsy, children/young people who are incontinent, or who have AIDS, severe disfigurements or progressive conditions like Muscular Dystrophy.

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

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

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/setting 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/settings to promote disability equality. This is a positive duty which builds in disability equality at the beginning of the process, rather than make 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.

## Policy for the Administration of Medicines at Alfriston School

Parents should keep their children at home when they are acutely unwell and they should not return until they are able to participate in the full curriculum.

The school are unable to administer medication without parental consent. Two teaching assistants: - Mrs Townsend and Mrs Bliss are designated and trained to administer medicines.

The staff and governors have decided that medicines will be administered to children at Alfriston in the following circumstances:

- **Administration of prescription medicines for those children with a long term illness or disability**, where access to medication would otherwise limit their ability to attend school. (see long term medical needs)
- **Administration of prescription medicines**, prescribed for a short period under the following conditions
  - An adult must deliver the medicine fully labelled to the school office. 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 : an official form must be used to give us relevant details and parental permission.
  - We cannot undertake to administer medicines at precise times. The times we could manage are 10.30am, 12 noon (before food) 12.30pm (after food) and 2.30pm.
  - The child has to remember to come to the school office themselves.
  - If it is crucial that precise timings are kept to or a dose is not missed, parents will be advised it is better to keep the child at home until they are fully recovered.
- **Non-prescription medicines** such as calpol will not be administered unless there are exceptional medical circumstances agreed with school, parents and the G.P. A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor.
- **Asthma inhalers.** Children who need an inhaler should have one left in school. This should be clearly marked with their name and left in the school office. It will be available to them whenever they need it.

This information is published in the school prospectus.

**Roles and responsibilities of staff administering medicines**

Staff should only administer the medicines if the conditions above are met.

All medicines will be kept in the locked cupboard in the medical room with the exception of asthma inhalers which are kept in the office.

Children can self-administer their asthma inhalers and a written record should be kept of frequency of use. This record is kept in the medical room. They may also self-administer lotions for eczema under supervision of an adult.

All other medicines must be administered by an adult that has received the relevant training. A record must be kept and signed by the administering adult. This record is kept in the medical room

Where a child has a long term illness, but access medication irregularly parents will be informed by letter when they access their medication.

**How the school/setting will assist children with long term or complex medical needs**

The school is able to offer support to children with long term medical needs or disability. This may include specialised equipment, a pack for working at home or arranging for home tuition. A Care Plan should be drawn up in liaison with relevant staff at the school. This can include:

- details of a child/young person's condition
- special requirements, e.g. dietary needs
- medication and any side effects
- what constitutes an emergency
- what to do and who to contact in an emergency
- what not to do in an emergency
- procedures to be followed when transporting the child/young person (e.g. off-site visits or home to school/setting transport)
- information sharing and record keeping
- the role the staff can play
- training required by school staff

**Refusal by child to take medication**

If a child/young person refuses to take their medication, they should not be forced to do so and a note made in the record of administration. The parents/guardian should be informed of the refusal on the same day. If the refusal results in an emergency, the school/setting emergency procedures should be followed.

**Staff training in dealing with medical needs**

A number of our staff have first aid training. All staff have or will receive inhaler training. Epipen and other training will be provided as it is needed.

**Record keeping**

Records must be kept of all medicines administered

Parents/guardians are responsible for supplying information about the medication and informing schools/settings about changes to the prescription or the support needed. However, the school/setting 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 and should include the following written information:

- name of child/young person
- name of medication
- dose
- method of administration
- time and frequency of administration
- any side effects
- expiry date

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

The school can use their discretion when determining the length of time that records are kept. If an incident occurs or a parent indicates that they may take legal action, then it is recommended that the related paperwork is kept for 10 years.

**Parental responsibility**

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

**Storing Medication**

School should not store large amounts of medication. Staff should only store, supervise and administer medicine that has been prescribed for an individual child/young person.

Medicines should always be provided in the original container and include the prescriber's instructions, including the name of the child/young person.

If a child/young person requires two or more prescribed medicines, each should be in a separate container.

Children/young people 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/young people. All medicines are stored in the locked cupboard in the medical room or the fridge in the staffroom with the exception of emergency medicines, e.g. asthma inhalers, epi-pens, which are available from the school office.

The key to the locked cupboard is kept in the school office.

### **Disposal of Medicines**

School/setting staff should not dispose of medicines. Parents should collect medicines held at school/setting at the end of each term. Parents are responsible for disposal of date expired medicines.

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. Further information is contained in the Policy on First Aid.

### **Emergency Procedures**

Children should know what to do in an emergency e.g. telling a member of staff.

All staff should know that the headteacher is responsible for emergency procedures, following the advice of trained first aiders.

The office is responsible for phoning the emergency services and notifying the parent.

A member of staff should always accompany a child/young person 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/young people to hospital in their own car; it is recommended that an ambulance is called.

The individual health care plan should include instructions as to how to manage the child/young person in an emergency, and identify who has the responsibility in an emergency,

Further details are included in the school's first aid and health and safety policies.

### **Developing an individual health care plan**

The aim of a health care plan is to identify the support that a child/young person with medical needs requires. Not all children/young people with medical needs will require an individual plan. An agreement with parents may be all that is necessary

The health care plan clarifies for staff, parents and the child/young person, the help that can be provided. It is important for the school to be guided by the child/young person's healthcare professional. An agreement between the school/ and parents will be necessary on the review procedures for the plan and it is recommended that this takes place no less than once per year.

Developing a health care plan should not be onerous, although each plan will contain different levels of detail according to the need of the individual child/young person.

In addition to the school/setting health service, the child/young person's healthcare professional, those who may need to contribute to a health care plan are:

- Headteacher
- Parent/guardian
- Child/young person (if appropriate)
- Class teacher
- Teaching assistant or support staff (if applicable)
- Staff who are trained to administer medicines;
- Staff who are trained in emergency procedures. The headteacher should nominate responsible person who has specific responsibility for this role. This person would be the first point of contact for parents, staff and external agencies and it is recommended that training in managing medicines is attended.

The health care plan may identify the need for specific staff to have further information about a medical condition or training in administering a particular type of medication or dealing with emergencies. Medicines may not be administered unless staff have received appropriate and up to date training. The timescales between training should be advised by healthcare professionals and recorded.

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

It is good practice for schools/settings to encourage children/young people with medical needs to participate in safely managed visits. When planning activities away from the school site involving children/young people with medical needs it is important for the group leader, in liaison with the headteacher to consider the following:



- The reasonable adjustments to be made to enable children/young people with medical needs to participate fully and safely on the activity
- Any additional control measures necessary e.g. additional adult to accompany an individual child/young person
- Consultation with the parents and applicable medical practitioners for information relating to a child's/young person's medical needs
- Updating the individual health care plan with any specific information required for the visit/activity and ensuring a copy is taken on the trip
- Consultation with the activity/venue provider (where relevant) regarding any specific requirements for a child's/young person's medical needs
- Staff with the role of administering medicines must have relevant and current training to do so – Note: first aid qualifications do not cover the skills and knowledge required for the administration of medicines
- All staff supervising off-site activities or educational visits should be aware of any medical needs and the relevant emergency procedures
- How medication will be collected, returned and stored throughout the visit
- Where a child/young person administers their own medication it is recommended that a risk assessment is carried out to assess if this will be appropriate whilst off-site and where agreed, parental consent provided
- Ensuring that the relevant paperwork is taken to record any medication administered.

### **Sporting Activities**

Most children/young people 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/young person's ability to participate in PE should be included in their individual health care plan and clearance may be obtained from the child/young person's healthcare professional. Some children/young people need to take precautionary measures before or during exercise or may need to have immediate access to their medication. If a child/young person suffers a severe adverse medical reaction clearance should be obtained from their healthcare professional before resuming the activity.

### **Home to school/setting Transport**

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

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

Where children/young people 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/young people 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.

### **Supplying asthma inhalers to schools for emergency use**

The “Human Medicines (Amendment No. 2) Regulations 2014” come into force on 1 October 2014, amending the Human Medicines Regulations 2012, to allow schools to hold stocks of asthma inhalers containing salbutamol for use in an emergency.

From 1 October 2014 onwards, schools can buy inhalers and spacers (the plastic funnels which make it easier to deliver asthma medicine to the lungs) from a pharmaceutical supplier in small quantities provided it is done on an occasional basis and is not for profit.

A supplier will need a request signed by the headteacher (ideally on appropriately headed paper) stating:

- the name of the school for which the product is required
- the purpose for which that product is required
- the total quantity required.

The Department of Health has published draft non-statutory guidance to support schools in their management of inhalers and this is available on the [Gov.uk website](http://gov.uk).

### **Confidentiality**

All medical information should be treated as confidential by the headteacher and school/setting staff. The headteacher/manager should agree with the parent and the child/young person who else should have access to records, etc. about a child/young person. 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.

### **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 you, 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.

**Employees**

A member of staff may suffer one of the medical conditions detailed on Czone. Once this condition has been identified and the school/setting has been informed, steps will need to be taken by the school/setting to reach an agreement with the member of staff on the action to be taken in an emergency.