

GREAT CHART PRIMARY SCHOOL POLICY FOR THE ADMINISTRATION OF MEDICINE TO PUPILS

LAs, schools and governing bodies are responsible for the health and safety of pupils in their care. The employer of staff at a school must do all that is reasonably practicable to ensure the health, safety and welfare of employees. The employer must also make sure that others, such as pupils and visitors, are not put at risk. Most schools will at some time have pupils on roll with medical needs. The responsibility of the employer is to make sure that safety measures cover the needs of **all** pupils at the school. This may mean making special arrangements for particular pupils. The staff, parents and governors share a common responsibility to keep our children safe. The school follows a PHSE programme, which gives children the opportunity to consider and discuss many aspects of life, helping them to understand the dangers of medicines. Parents are informed when their child starts school in the Foundation Stage, of the school policy on administration of medicines. This is also published in the school prospectus.

The Head has delegated the responsibility to inform all new staff about the Administration of Medicines policy to the Assistant HT (H&S Lead) but staff are also required to check with the Head before giving any specific information to a parent about medicines in school.

SCHOOL CODE OF PRACTICE & TRAINING FOR STAFF

The DFE's Guidelines on Supporting Pupils with Medical Conditions state that **there is no legal duty that requires school staff to administer medicine**. It is this school's policy not to routinely administer antibiotics, painkillers or medicine for short term conditions/infections. In these circumstances parents are regularly reminded that if their child needs a dose of medicine whilst at school, either the parent or a named representative should come to school to administer the dose.

If pupils have a diagnosed long term condition that may require pain relief eg migraine, HSP (Henoch Schonlein Purpura) to enable the pupil to remain in school, a discussion should be had between the parent, staff member and H & S lead to complete the Form 3A. A Health Care Plan (HCP) may be necessary.

Medicine can only be kept in school if the form 3A is signed and stored with the medicine.

Exceptions:

- Exceptional circumstances in agreement with parents and the school.
- School visits, including residentials, when a child requires medication due to a medical condition, as described in this policy, along with the agreement of the member of staff leading the visit.

Support staff **may occasionally** have specific duties to provide medical assistance as part of their contract. However, swift action would need to be taken by any member of staff to assist a pupil in an emergency.

It is possible that, if a child showed symptoms of a serious condition while school staff were acting in "loco parentis" there would be a common law expectation that they would act (either directly or by calling assistance) rather than do nothing. In extreme cases, this could necessitate emergency action before contacting parents or trained staff. Any action taken must be balanced against what a reasonable parent would do in the light of their training and experience and in relation to the availability of medical assistance and any relevant health care policy. Teachers and other school staff in charge of pupils have a common law duty to act as any reasonably prudent parent would to make sure that pupils are healthy and safe on school premises and this might, in exceptional circumstances, extend to administering

medicine and/or taking action in an emergency. This duty also extends to teachers leading activities taking place off the school site, such as educational visits, school outings or field trips. Section 3(5) of the Children Act 1989 provides scope for teachers to do what is reasonable for the purpose of safeguarding or promoting children's welfare. This can give protection to teachers acting reasonably in emergency situations such as on a school trip.

Parents are a child's main carer and have the responsibility of providing the school with sufficient information about their child's medical condition, treatment and/or special care needed at school. It is recognised that older pupils have a role to play themselves. In some situations, it will be appropriate for them to be involved in developing their own **Health Care Plan** and they, as well as others, may need training/awareness raising.

All members of staff are alerted to the Medical Board (see below) and are expected to familiarise themselves with information relating to pupils in their class/immediate care. All medical information is shared with relevant staff via Google.

There are specific occasions when the consultant for communicable disease control (CCDC) (East Kent, Dr Chandrakumar) will advise on communicable diseases (e.g. meningitis or food poisoning). Emergency Planning 2019 contains lists of diseases and actions required. This is kept in the folder in the grab box.

PROCEDURES FOR PUPILS WITH LONG TERM MEDICAL NEEDS

Children with medical needs have the same rights of admission to school as other children, and cannot be excluded from school for medical reasons. Many pupils with long term medical conditions will not require medication during school hours, but some may require medication and at Great Chart School we will work with parents on an individual basis to discuss these needs. When they do, many will be able to administer it themselves (e.g. inhalers). The DfES expects school policies to encourage this approach. Pupils who require support with this will receive support from appropriately trained staff.

Most pupils will at some time have a medical condition that may affect their participation in school activities. For many this will be short-term. Parents are advised that such medicine must be taken out of school hours or a parent/ carer must administer the medicine to their child at some point within the school day. This will involve them coming into school.

Other pupils have medical conditions that, if not properly managed, could limit their access to education. Such pupils are regarded as having **medical needs**. Most pupils with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk. In some cases, schools will find it helpful to draw up individual procedures, in the form of a **Health Care Plan Form 2- 'Managing Medicines in Schools and Early Years Settings'**, to ensure the safety of such pupils.

Not all pupils who have medical needs will require a Health Care Plan. The purpose of such plans is to ensure that school staff have sufficient information to understand and support a pupil with long term medical needs. They should be drawn up in conjunction with the parents and, where appropriate, the child and the child's medical carers and should set out in detail the measures needed to support a pupil in school, including preparing for an emergency situation. **Parents must complete a 'Health Care Plan' Form 2 with the Health and Safety Lead**

The information contained within the plans must be treated in confidence and should be used for no other purpose than for the school to set up a good support system.

Some pupils with medical needs may require medication in an emergency or if going on a school visit/residential trip. Parents must sign a written consent Form 3 allowing an appropriately trained member of school staff to administer the medicine to their child if they are able.. The Headteacher must also sign a written consent Form 4 allowing the school to administer the medicine.

As the management of children's health is the responsibility of their parents and appropriate health professionals, school staff can expect appropriate advice and support as necessary. The health service (usually the school nursing service) can be contacted to request advice for the headteacher in assessing whether any procedures, which may be required in relation to a particular pupil, are of a type which can be under-taken by school staff (or whether only medical professionals should undertake them). They can also give detailed advice on specific conditions (e.g.epilepsy, anaphylaxis,diabetes etc). In some circumstances, it may be appropriate to seek guidance from the child's general practitioner or consultant – this would normally only be forthcoming through the parent. It may also be appropriate for senior staff at school to discuss particular issues with the special education services manager or district schools officer.

It is unlikely that circumstances will arise where medical procedures are needed but it may become necessary to arrange for staff to be available who are willing to undertake a procedure (such as administration of adrenaline by a self injection' device. Prior training is good practice as well as giving confidence and protection to staff and to the County Council. Training only needs to be arranged if a child at risk is already in school (or is about to be admitted).

THE SCHOOL'S CONFIDENTIAL MEDICAL BOARD

INFORMATION TO BE RECORDED ON THE CONFIDENTIAL NOTICEBOARD ABOUT PUPILS WHO REQUIRE MEDICATION

The board is within the Administration area and is not on public view. Pupils with a Healthcare Plan are listed on this board. **Parents must complete a HEALTHCARE PLAN Form 2- 'Managing Medicines in Schools and Early Years Settings'**. This completed form must be copied to relevant personnel and kept on the Medical Emergency Board in the school's admin block plus a copy with the child's medication. If medicine is to be administered parents and the Headteacher must sign written consent forms. These need to be kept with the child's Health Care Plan. Details of HCP are shared via Google.

All members of staff are alerted to the board and expected to familiarise themselves with information relating to pupils in their class/immediate care. Staff must notify the Head, Deputy Head or Health and Safety Lead if parents have told them that their child requires medication as a result of a long term medical condition.

There is a **School Policy on Asthma** and the use of inhalers and a log of pupils who use them. This must be read in conjunction with this overall Policy on Administration of Medicines. Teachers are expected to keep the H & S Lead updated with information relating to pupils in their class who use inhalers. The DfES states that it is good practice to allow children with asthma to take charge of and use their inhaler from an early age. If parents consider their child is both capable and responsible then they may look after their own inhaler. However, if a child is too young or immature to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place and clearly marked with the pupil's name. It is important that inhalers should also be

available during PE lessons/sport activities or school trips. An emergency Ventolin inhaler is stored in the Medical room.

A few pupils may have a long or short term condition which could require emergency intervention (e.g. anaphylaxis, epilepsy, etc or specific management arrangements (e.g. after surgery). In these circumstances, school staff, parents and, where appropriate, medical professionals and the pupil should agree the following from the outset. Parents of any child requiring medication either regularly or in emergency must contact the H & S Lead who will request confidential written information including

- child's photograph, name and date of birth and class
- details of child's condition
- what emergency situation could arise (Indicate possible symptoms)
- what action would be needed (Including any strategies to avoid an emergency from developing – e.g. are any foods to be avoided and, If so, how will this be achieved – e.g. packed lunches, information to staff and other pupils)
- details of medication required and when/how it is to be administered
- details of where the medication is kept
- details of which member of staff will administer this medication
- details of emergency contact numbers if the child is ill at school and needs
- arrangements for school trips,(including off-site swimming or games)
- in what circumstances an ambulance should be called or pupil taken by school staff to hospital/medical center
- how and when parents or emergency contact should be notified
- arrangements for review of the procedures

The safety of staff and pupils must be considered at all times. Particular attention must be paid to the safe storage, handling, and disposal of medicines. Medicines, which could cause harm if used improperly, should be kept under lock and key. Specific arrangements will be needed for 'self medication' pupils.

Medicines must be in original container with dispenser's label and current dosage directions (not 'as directed').

It is important to establish from the outset what can and cannot be done so that staff and parents understand and accept the level of risk and so that the named staff are satisfied and confident about the role which they might be asked to undertake. The arrangements should be written down and signed by the school and the parents(The time to raise queries is before the event.) Parental agreement to the arrangements(including the identity of the members of staff who might be called upon to help which could be 'any appropriately trained member of staff nominated by the Headteacher') is particularly important if the procedures might be regarded as interference with the child.

Parents must complete Form 3 REQUEST FOR SCHOOL TO ADMINISTER MEDICATION- 'Managing Medicines in Schools and Early Years Settings'. This completed form must be copied

to relevant personnel and kept on the Medical Emergency Board in the school's admin block plus a copy with the child's medication.

The Head or Deputy will complete Form 4 CONFIRMATION OF HEADTEACHER'S AGREEMENT TO ADMINISTER MEDICATION- 'Managing Medicines in Schools and Early Years Settings'

STORAGE OF MEDICINES/ EPI PENS NEEDED IN AN EMERGENCY

Pupils who have a Health Care Plan and may require medicine in an emergency have clear containers with their medicine/ epi pens. Containers have the child's name, photo and a green cross stuck to the lid. Medicines must be in the original container with the child's name and dosage instructions. Pupils who are prescribed epi pens require 2 to be stored in the container. Containers will be stored in the medical room on the top shelf. Some medicines which could potentially harm others will need to be stored away securely. Arrangements will be made when these situation arise.

ARRANGEMENTS FOR RECORDING MEDICINES ADMINISTERED AND THE DOCUMENTATION TO BE USED

If medication is administered, **the Head or Health and Safety Leader will complete Form 5 RECORD OF MEDICATION ADMINISTERED IN SCHOOL- 'Managing Medicines in Schools and Early Years Settings'** to notify parents about medicines administered.

PROCEDURES FOR CHECKING/RETURNING OUT OF DATE MEDICINES

It should be made clear that it is parents' responsibility to know the expiry date of medicines stored by the school and provide replacements before medicines become out of date and to notify the school immediately of any medication changes and provide a new correctly labelled supply. All medicines (including inhalers and EpiPens) could be sent home at the end of each term via the parent (never the child) and parents expected to supply new (or in 'date') medicines with current consent/dosage forms at the beginning of the new term. Discontinued medicines should be returned to the parents as soon as they are no longer needed.

MANAGING MEDICINES ON SCHOOL TRIPS

Children with medical needs will be encouraged to take part in visits. A responsible member of staff will carry out an additional risk assessment if necessary and update the Health Care plan considering parental and medical advice. All staff will be briefed about any emergency procedures needed with reference to pupils. A responsible adult, where necessary, will carry all medical supplies for a particular child.

PARENTAL RESPONSIBILITIES

The school will liaise closely with parents, carers or those who hold this responsibility so that information is shared and the care plan reflects all information. The care plan will be agreed jointly by the school and parents, and agreed with the advice of health professionals.

Parents should provide the school with information about their child's condition and be part of the health care plan arrangements.

It is the responsibility of the parents to ensure that medicines sent to school are 'in date'. All medicines should be collected by parents at the end of term 2, 4 and 6. If new supplies are needed it is the responsibility of the parents to supply medication as needed.

PE/ SPORTS

Any restriction to PE/ sports activities will be noted in the Health Care plan. Flexibility will be planned to allow pupils to benefit in ways appropriate to them.

MEDICAL INSPECTION (M.I.) ROOM

The Education (School Premises) Regulations 1996 state that every school should have accommodation for medical or dental examination and treatment, and for the care of pupils during school hours. It need not be used solely as medical accommodation, but it should be appropriate for that purpose and readily available for use as such when needed. **Medical room and disable toilet are also quarantine areas if a member of the school community becomes ill with suspected Covid 19. First Aid for minor injuries is available in all classrooms with appropriate resources and PPE.**

CIRCUMSTANCES REQUIRING AN AMBULANCE.

The school will normally call a parent if a child is unwell or has sustained an injury, which is not considered to immediately threaten his/her life. If however a child is unconscious, fitting or has a serious injury, which needs immediate medical attention, then an ambulance must be called

immediately. An ambulance will also be called if a child with a Health Care Plan needs the use of an epi pen or is suffering from symptoms of Anaphylaxis. Parents will be notified that the child has been taken to hospital. Arrangements for foreseeable emergencies (e.g. associated with epilepsy, anaphylaxis, etc) must be confirmed by parental letter to school. A member of staff should always accompany a child to hospital and stay until the parent arrives if possible. Staff should never take children to hospital in their own car.

INSURANCE

The County Council has very extensive insurance cover and the following comments are relevant to any situations which might arise from the administration of medication to pupils. The County Council undertakes its 'business' through its employees (e.g. teachers, and classroom assistants). Thus, if any civil claim was to be made relating to the actions of staff those staff would be indemnified by the County Council against any personal liability. Individual members of staff are indemnified against having to pay damages and would only be vulnerable personally or if they had deliberately contravened an instruction or acted in a way which was grossly careless. In order to establish civil liability, the injured party would have to prove that Kent County Council owed a duty of care to them, that the duty was breached, and that, as a result of that breach, Injury or loss was sustained. Although the administration of medication will be specifically mentioned in the job description of only a few members of staff, giving such assistance to pupils is regarded as an appropriate activity for County Council staff although the requirements of good practice will dictate that schools will have an appropriate policy, and that staff will have sufficient training. There is a remote possibility that criminal liability could arise if a member of staff undertook action which they had not been authorised by the child's parents to undertake. Put simply, staff undertake a wide variety of daily duties and responsibilities which could give rise to action against them. In fact it is exceedingly rare for such action to be initiated on or behalf of pupils. The administration of medication would have very little effect in increasing this risk if the advice in this practice note is followed.

Agreed by Governors Resources Team (i/c Health & Safety) –