

Medicines Policy

Policy Statement

This policy relates to all children and young people who are placed at Papillon House School and covers medical care both on and off the school premises.

At Papillon House School we acknowledge that all staff have a common law duty to act as any reasonably prudent parent would to ensure that pupils are healthy and safe on school premises and this might extend to administering medicine and/or, in exceptional circumstances, taking action in an emergency. The school ensures that a sufficient number of staff are First Aid trained and some staff are also trained in specific areas such as epilepsy. This ensures appropriate levels of response both in school and when out in the community.

Where possible and where appropriate the school will endeavour to support parents taking their children to routine medical appointments such as hospital, dentist, opticians and Child and Mental Health Services (CAMHS).

We will administer prescription medication where appropriate and subject to the signed documentation being received. However, each request will be considered on its own merits.

We recognise the need for all medical information to be confidential however, senior staff will be responsible for ensuring that all members of staff including supply staff are aware of a pupil's medical needs. Should a parent insist on complete confidentiality then the school will not agree to administer medication of any kind and the responsibility for administering the medication will be with the parent.

Staff giving medication will be supported by the school with training. Staff will be indemnified by the school's insurance for any claims made against them provided that they have followed the procedures set out in this policy.

Healthcare Plan

A Healthcare Plan (Appendix I) will be completed for every pupil with a medical condition that needs daily management. This includes allergies, asthma, epilepsy although there will be others.

The Healthcare Plan will be reviewed and, where appropriate, updated at the start of each Academic Year.

Parents' Responsibilities

Parents will ensure that school staff are notified of any medical condition or health care needs of their child. They will be expected to contribute to their child's Healthcare Plan and be responsible for notifying the school should the Healthcare Plan change.

Parents will complete the Healthcare Plan and return it to the school. This must be verified and signed by the child's GP or other medical practitioner. It also requires a passport photograph of the child which will be the parent's responsibility to provide and keep updated.

Parents will be responsible for obtaining their child's medicine and ensuring these are up to date and in clearly labelled containers. Medication must not be brought into school by the child. The parent or pupil's transport escort must hand all medication to a member of staff who will give this to the School Secretary who will place it in the locked cabinet. The medicine must be in the original container as dispensed by the pharmacist and include the prescriber's instructions for administration. Tablets will be counted out and the number recorded on the Record of Medication Received in School (Appendix 2)

A senior member of staff will make a decision as to whether any request to administer medication falls within the remit of this policy. If the decision is taken not to administer medicine parents will be informed in writing.

RECORD KEEPING

A record will be kept of all the drugs and medicines administered at school. Three members of staff, two of which will be First Aid trained, will be required when administrating medicines. The member of staff distributing the medication must record all relevant details and all three members of staff must agree the information is correct and sign the record each time medication is given (Appendix 3).

STORAGE OF MEDICATION AT SCHOOL

Emergency medication is readily available to pupils who require it at all times during the school day or at offsite activities.

If the emergency medication is a controlled drug, they are stored in accordance with the Misuse of Drugs (Safe Custody) Regulations 2001 (amended 2007) which requires that:

• Certain controlled drugs are stored securely in a safe or cabinet or other locked receptacle.

All medications will be stored in accordance with recommended instructions and staff will ensure that appropriate procedures are followed. The medicines will be kept in the container supplied by the parent clearly labelled with the child's name and instructions for use. All medicines will be kept in the locked medicines cabinet in the school office in a clearly identified container. Only the appointed person for First Aid and senior staff are allowed access to the cabinet.

All medication should be returned to the parent when it is no longer required or at the end of the Summer Term.

If a child refuses to take their medication, staff should not force them to do so. Staff should note this in the records and inform the parent as soon as possible on the same day. If a refusal to take medicines results in an emergency, the school should follow the emergency procedures in the child's Healthcare Plan.

A standard procedure should be followed when administering medicines:

- Refer to written instructions received by the school
- Check prescribed dose
- Check expiry date
- Check prescribed frequency of medication
- Measure out prescribed dose
- Check child's/young person's name
- Administer the medication
- Complete and sign the record

If there is any uncertainty, we will not give the medication and will check with the parent or a health professional before taking further action.

In the event of an adverse reaction a review of the Healthcare Plan would need to take place before the school could continue to administer the medication

Asthma

Asthma pumps will be kept in a locked cabinet in the school office with a copy of the child's Healthcare Plan. A First Aid bag is provided for every class so that the pumps can be transported when the child/young person goes outside for PE or on trips.

Administering Paracetamol

A First Aider is permitted to administer Paracetamol in the event of a minor medical ailment if a parent/carer has previously given written permission to do so. Despite having written permission, before administering Paracetamol a telephone call will be made to the parent/carer to confirm that it is still ok to give the medication and that the pupil has not received the same or similar medication within the recommended dosage limits.

Educational Visits

Staff supervising educational visits should always be aware of any medical needs and relevant emergency procedures. A trained First Aider and/or member of staff trained in specific area of need for a pupil on the trip, will need to accompany the trip if it is likely that medication will need to be given. A copy of the Healthcare Plan should be taken on visits in the event of the information being needed in an emergency.

RESIDENTIAL VISITS

Parents are sent a Residential Visit Form to be completed and returned to school shortly before their child/young person leaves for an overnight or extended day visit. This form requests up-to-date information about the pupil's current condition, their overall health and any medication usually taken outside the school day.

All Residential Visit Forms are taken by the relevant staff member on visits and for all out-of-school hours activities where medication is required. These are accompanied by a copy of the pupil's Healthcare Plan.

Parents of pupils with a medical condition attending a school trip or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required.

This policy should be read in conjunction with all other relevant policies including:

Behaviour
First Aid
Health and Safety
Physical Intervention
Safeguarding and Child Protection
Visits

Written	Gillian Hutton	Head Teacher	September 2007
Reviewed & amended	Alicia Rickman	Deputy Head Teacher	September 2011
Reviewed	Alicia Rickman	Deputy Head Teacher	October 2013
Reviewed & amended	Alicia Rickman	Acting Head Teacher	September 2015
Reviewed &	Alicia Rickman	Head Teacher	September 2016
Reviewed & amended	Alicia Rickman	Head Teacher	September 2017
Reviewed & amended	Gillian Hutton	Director	April 2021

Agreed by the Management Team May 2021

Appendix I



Child's/Young Person's

Photograph

Please complete this form if your child has any medical condition including allergies. This form must be completed whether or not your child requires medication whilst in school.

Child's/Young Person's name	
Date of birth	
Address	
Medical diagnosis or condition	
riculcal diagnosis of condition	
Date	
Review date	
Family Contact Information	
Name	
Relationship to child/young person	
Phone no. (Home)	
(Mobile)	
(Work)	
Name	
Relationship to child/young person	
Phone no. (Home)	
(Mobile)	
(Work)	
GP	
Name	
Address	
Phone no.	

required if any.		, ,	-			
Medical needs						
Symptoms						
Treatment/medication						
Triggers/signs						
Equipment						
Name of medication, dose,	meth	nod of administration, v	when to be take	en, side effect	(if any) to be av	ware of
Name of medication						
Dosage						
Method of administration						
When to be taken						
Possible side effects						
Other relevant information	ì					
Signed by:						
Parent/Carer			Name:			
The above information is to the	na hari	* of my knowledge	sto at the time of	i weiting will :	form the school	

Describe medical needs and give details of child's symptoms, signs, treatments, facilities, equipment

The above information is, to the best of my knowledge, accurate at the time of writing. I will inform the school immediately in writing if there is any change in dosage or frequency of the medication or if the medication is stopped.

I am aware that in the event of an emergency this information will be shared with the medical profession.

School to Complete	
Who is responsible in an emergency (state if different for	r off-site activities)
School to Complete	
Arrangements for school visits/trips	
Signed by:	
Senior Member of Staff	Name & Position:
Class Teacher	Name:

Name & Position.....

Therapist.....

Pupil's name	DOB
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DATE	TIME	NAME OF MEDICATION	DOSE RECEIVED	RECEIVED FROM? I.E HOME	NAME OF STAFF RECEIVING AND DOCUMENTING AMOUNT	NAME OF STAFF WITNESSING AND AGREEING AMOUNT RECIEVED
					PLEASE SIGN AND PRINT NAME	PLEASE SIGN AND PRINT NAME

RECORD OF MEDICATION ADMINISTERED IN SCHOOL

Pupil's name	DOB

DATE	TIME	NAME OF MEDICATION	DOSE RECEIVED	RECEIVED FROM? I.E HOME	NAME OF STAFF DISTRIBUTING PLEASE SIGN AND PRINT NAME	NAME OF STAFF ADMINISTERING PLEASE SIGN AND PRINT NAME	NAME OF STAFF WITNESSING PLEASE SIGN AND PRINT NAME