

## **MEDICINES POLICY**

#### **POLICY STATEMENT**

The Disability and Discrimination Act 2005 and the Special Educational Needs and Disability Act 2001 underpin Papillon House School's Medicines Policy. The Acts require schools to ensure that disability discrimination does not take place. Discrimination can take place in two ways:

- by treating disabled pupils 'less favourably' for a reason relating to their disability
- By failing to make a 'reasonable adjustment' to ensure that disabled pupils are not placed at a substantial disadvantage when compared with their non-disabled peers.

For the purpose of this policy the term disabled means a mental or physical impairment which has a substantial and long term adverse effect on their ability to carry out normal day to day activities. This by definition includes ASC (Autistic Spectrum Condition), ADD (Attention Deficit Disorder) and ADHD (Attention Deficit Hyperactivity Disorder).

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.

Whilst trying to reduce the administration of medicines in order to avoid disability discrimination and to ensure all children are included we propose to administer prescription medication where appropriate. The administration of antibiotics or other short- term medicines do not fall within the remit of this policy. In exceptional circumstances this may need to be reviewed. Each request will be considered on its own merits.

Staff giving medication would be supported by the school with training. Staff will be indemnified by the schools insurance for any claims made against them provided that they have followed the Health Care Plan and used appropriate protective equipment.

A school medication consent form and Medical Information Form (Appendix 1& 2) must be drawn up for every child prior to the administration of any medication. It should include instructions as to how to manage a child in an emergency. The healthcare plan should be reviewed every year. Health care plans must also be drawn up for any child with a medical condition that needs management e.g. asthma, epilepsy, diabetes, allergies etc.

Parent/carers must ensure that the 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 health care plan. Parent/carers will be responsible for obtaining their child's medicine and ensuring these are up to date and in clearly labelled containers. Medication must <u>not</u> be brought into school by the child. The parent or pupil's transport escort must hand all medication to the pupil's teacher or member of the Senior Leadership Team (SLT) The medicine must be in the original container as dispensed by the pharmacist and include the prescriber's instructions for administration. Tablets must be counted out and the number recorded on the Record of Medication (Appendix 3)

We recognise the need for all medical information to be confidential. However, the SLT will be responsible for ensuring that all members of staff including supply staff are aware of the 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 the parent/carers.

#### **GUIDANCE**

The Head Teacher will arrange training appropriate to the needs of the school.

Parent/carers will complete the school medication consent form and return it to the school. This must be verified and signed by the child's GP or another medical practitioner. It also requires a passport photograph of the child, which will be the parent's responsibility to provide and keep updated. The SLT will make a decision as to whether the request falls within the remit of this policy. If the decision is taken not to administer medicine parent/carers will be informed in writing.

It is the parents/carers responsibility to provide the school with the medication required. The medication should be as dispensed, in the original container and must be clearly labelled with:

- Name of child
- Name of medication
- Strength of medication
- How much to give i.e. dose
- When it should be given
- Length of treatment /stop date, where appropriate
- Any other instructions
- Expiry date (where there is no expiry date the medication should have been dispensed within the last 6 months)

#### **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 4).

If a medical incident takes place or a pupil requires medical intervention i.e. Epilepsy

### 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 1973 (as amended) which requires that:

• Controlled drugs are stored securely in a locked cupboard or drawer quickly accessible for immediate use

All medications will be stored as recommended and staff will ensure that appropriate procedures are followed. Medicines should always be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions for administration. They must 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 (Michelle Strudwick) and a members of the SLT or the Management Team are allowed access to the cabinet.

All medication should be returned to the parent when 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, but should note this in the records and parent/carers should be informed 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 Health Care 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 name and give medication
- Complete and sign record when child has been given medication
- If there is any uncertainty do NOT give but check with child's parent or a health professional before taking further action
- In the event of an adverse reaction a review would need to take place before the school could continue to administer the medication

#### Asthma

It is essential that asthma pumps are kept near the child at all times. Asthma pumps will be kept in class or school office with a copy of the child's healthcare plan. A first aid bag will be provided for every class so that pumps can be transported if children go outside for PE or on trips.

## Administering paracetamol

The 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. Paracetamol will not be issued to any pupil unless written permission has been received. Paracetamol will never be administered unless the parent confirms by telephone with a follow up email from them that the child has not taken a dosage already before the start of the school day.

### **Educational Visits**

Staff supervising educational visits should always be aware of any medical needs and relevant emergency procedures. A trained first aider will need to accompany the trip if a child needs to take medication during the trip. A copy of healthcare plans should be taken on visits in the event of the information being needed in an emergency.

## **RESIDENTIAL VISITS**

Parents/carers are sent a residential visit form to be completed and returned to school shortly before their child leaves for an overnight or extended day visit. This form requests up-to-date information about the pupil's current condition and their overall health. This provides essential and up-to-date information to relevant staff and school supervisors to help the pupil manage their condition while they are away. This includes information about medication not normally taken during school hours.

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 Health Care Plan.

All 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.

## **RELATED POLICIES**

- Safeguarding and Child Protection Policy
- First Aid Policy
- Health and Safety Policy

This policy was reviewed and revised by Alicia Rickman Head Teacher It was reviewed and agreed by the Management Team on 18 September 2017

Policy						
Medicines	Written	Gillian Hutton	Head Teacher	September 2007		
Medicines	Reviewed & Amended	Alicia Rickman	Deputy Head Teacher	September 2011		
Medicines	Reviewed	Alicia Rickman	Deputy Head Teacher	October 2013		
Medicines	Reviewed & Amended	Alicia Rickman	Acting Head Teacher	September 2015		
Medicines	Reviewed &	Alicia Rickman	Head Teacher	September 2016		
Medicines	Reviewed & Amended	Alicia Rickman	Head Teacher	September 2017		



# **MEDICATION CONSENT FORM**

li di					
Child's Name					
D.O.B	Attach				
	Child's				
	Photograph				
	11				
Ц					
Name of Medication to be administered in school					
Prescribed for					
Dosage					
When to be given					
Then to be given					
NB: MEDICATION THAT IS ADMINISTERED AT SCHOOL MUST BE IN THE ORIGINAL THE PHARMACY WITH CLEAR INSTRUCTIONS ON HOW MUCH TO GIVE.	L CONTAINER, AS DISPENSED BY				
Name of G.P Telephone Nu	mber				
Signature of G.P or medical practitioner					
The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering the medication in accordance with school policy. 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					
Parent's/Carer's signature	Date				
Print Name					
Emergency telephone no. of parent/carer					

If more than one medication is to be administered at school a separate form should be completed for each.



## **MEDICATION INFORMATION**

Please complete this form if your ch	Attach			
Child's Name	Child's  Photograph			
D.O.B				11
Name of medication	Prescribed for	Dosage	Home/school	Time given
The above information is, to the be of the medication or if the medicati I am aware that in the event of an o	ion is stopped.			f there is any change in dosage or frequenc
Parent's/Carer's signature			Date	
Print Name				
NB If medication is to be administe	red in school you will also n	eed to complete our school Med	ication Consent Form.	

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	

Pupil's name	DOB
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