



Drapers' Pyrgo
Priory School

Managing Medicines Policy

Policy created in October 2018

by J Murphy

Review date: October 2019

Organisation

The governing body will develop policies and procedures to ensure the medical needs of pupils at Drapers' Pyrgo Priory are managed appropriately. This policy has been prepared following requirements under section 100 Children and Families Act 2014 to support children with medical conditions. They will be supported with the implementation of these arrangements by the Principal and school staff.

The lead for the management of medicines at Drapers' Pyrgo Priory is Mrs J Murphy or in her absence Mrs L Sambrook or Mrs L Moss. In their duties staff will be guided by their training, this policy and related procedures.

- Pupils with long term medical conditions at Drapers' Pyrgo Priory should be properly supported so that they can have access to education, including school trips and physical education.
- Governors recognise their duty to ensure that arrangements are in place at Drapers' Pyrgo Priory so that children with long term medical conditions are supported so that they can access and enjoy the same opportunities at Drapers' Pyrgo Priory as any other child.
- Governors further recognise their duty to consult with health and social care professionals, parents and pupils to ensure that children with existing long term medical conditions are effectively supported so that they can play both a physical and active role in school life, remain healthy and achieve their academic potential.

Implementation monitoring and review

All staff, governors, parents/carers and members of the Drapers' Pyrgo Priory will be made aware of and have access to this policy. This policy will be reviewed annually and its implementation reviewed as part of the Principal's annual report to Governors.

Pupils with long-term and complex medical conditions may require on-going support, medicines or care while at school to help them manage their condition and keep them well. Others may require monitoring and interventions in emergency circumstances. It is also the case that children's health needs may change over time, in ways that cannot always be predicted, sometimes resulting in extended absences. It is therefore important that parents feel confident that schools will provide effective support for their child's medical condition and that pupils feel safe. Drapers' Pyrgo Priory will consider how children will be reintegrated back into school after periods of absence.

In addition to the educational impacts, there are social and emotional implications associated with medical conditions. Children may be self-conscious about their condition and some may be bullied or develop emotional disorders such as anxiety or depression around their medical condition. In particular, long-term absences due to health problems affect children's educational attainment, impact on their ability to integrate with their peers and affect their general wellbeing and emotional health. Reintegration back into school should be properly supported so that children with medical conditions fully engage with learning and do not fall behind when they are unable to attend. Short term and frequent absences, including those for appointments connected with a pupil's medical condition, (which can often be lengthy),

also need to be effectively managed and appropriate support put in place to limit the impact on the child's educational attainment and emotional and general wellbeing.

- Mrs J Murphy is the Lead for Managing Medicines at Drapers' Pyrgo Priory. Mrs L Sambrook and Mrs L Moss are also medical leads. Miss Claire Moscow is the SENCO and Mr John McKernan is the nominated Governor with responsibility for all medical and first aid related procedures at Drapers' Pyrgo Priory. Mrs Murphy is responsible for ensuring that:
 - Sufficient staff are suitably trained before taking on responsibility to support children with medical conditions.
 - All relevant year group staff, administration staff, pastoral and medical staff are made aware of childrens' medical conditions.
 - Cover arrangements are made in case of staff absence or staff turnover to ensure someone is always available.
 - briefing is available for supply teachers
 - Risk assessments for school visits, residential trips and other school activities outside of the normal timetable are prepared.
 - All Health Care Plans are monitored and reviewed with the SENCO and other health professionals.

Prescription Medicines

Drapers' Pyrgo Priory staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid certificate does not constitute appropriate training in supporting children with medical conditions. The School Nurse will be consulted for advice on appropriate training required.

Prescription 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 administers medicine, the parent or carer 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 Drapers' Pyrgo Priory Staff to administer medicine' form. 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 Drapers' Pyrgo Priory and pupils should not bring them to school for self-administration. Staff will administer only non-prescription travel sickness medication providing they are supplied in the original packaging and accompanied by a Parental agreement for Drapers' Pyrgo Priory to administer medicine' form. Travel sickness medication must be suitable for the pupil's age, supplied by the parent (not the school) and in 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. 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. A second member of staff and records kept will witness the administration of a controlled drug. 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 or carers should provide the head teacher with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made, between the parents, head teacher, SENCO, 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) which will be drawn up by the SENCO in conjunction with health care professionals and the parent/carer. Governors will ensure that plans are reviewed at least annually or earlier if evidence is presented that the child's needs have changed. IHPs and EHCPs are developed with the child's best interests in mind and ensure that the school assesses and manages risks to the child's education, health and social wellbeing in order to minimise disruption. A flow chart for identifying and agreeing the support a child needs and developing an individual health care plan is provided at **appendix A**.

When a child returns to Drapers' Pyrgo Priory following a period of hospital or home tuition, the school will liaise with the education provider and the local authority to ensure that the IHP / EHCP identifies the support that the child will need to reintegrate effectively.

Some children with medical conditions may be disabled. Where this is the case, the Governors at Drapers' Pyrgo Priory **must** comply with their duties under the Equality Act 2010. Some may also have special educational needs (SEN) and may have a statement, or Education, Health and Care (EHC) plan which brings together health and social care needs, as well as their special educational provision. For children with SEN, please see the SEN Code of Practice.

Some children will have medical conditions that affect their quality of life and may be life-threatening. Governors at Drapers' Pyrgo Priory ensure that this policy is focused on each individual child and how their medical condition impacts on their school life.

Children with medical needs will have IHP or EHCP which outlines the impact on learning of their conditions and stipulates the support required to address their medical needs as well as the staff required to support the medical and academic needs of each named child, these needs may require additional training for allocated staff.

All school staff providing support to a pupil with medical needs should have received suitable training from a qualified provider. A record of training will be kept by the SENCO and updated annually or whenever a child's needs have changed / been identified.

Managing medicines on school premises

- medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so
- no child under 16 should be given prescription or non-prescription medicines without their parent's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality. Schools should set out the circumstances in which non-prescription medicines may be administered

- a child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed
- where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
- Drapers' Pyrgo Priory will only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container
- all medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises eg on school trips.
- a child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. Drapers' Pyrgo Priory will otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record will be kept of any doses used and the amount of the controlled drug held in school
- school staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. Drapers' Pyrgo Priory (Lead for Managing Medicines) will keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted
- when no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps

Record keeping

Written records will be kept of all medicines administered to children. Records will show the name of the child, the medicine administered dosage and time, name of person administering the medicine. Parents will be informed when a child is unwell in school. For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational visits. A parent or guardian will be informed if their child has been unwell during the school day.

Information to be recorded on individual healthcare plans.

- the medical condition, its triggers, signs, symptoms and treatments;
- the pupil's resulting needs, including medication (dose, side-effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink where this is used to manage their condition, dietary requirements and environmental issues eg crowded corridors, travel time between lessons;
- specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, requirements for extra time to complete exams, use of rest periods or additional support in catching up with lessons, counselling sessions;

- the level of support needed, (some children will be able to take responsibility for their own health needs), including in emergencies. If a child is self-managing their medication, this should be clearly stated with appropriate arrangements for monitoring; who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support for the child's medical condition from a healthcare professional; and cover arrangements for when they are unavailable;
- who in the school needs to be aware of the child's condition and the support required;
- arrangements for written permission from parents and the Principal for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- separate arrangements or procedures required for school trips or other school activities outside of the normal school timetable that will ensure the child can participate, eg risk assessments;
- where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- what to do in an emergency, including whom to contact, and contingency arrangements. Some children may have an emergency healthcare plan prepared by their lead clinician that could be used to inform development of their individual healthcare plan

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, eg where the school is known to have an outbreak of an infectious disease.

In cases where a child is diagnosed with a new medical condition, or where the child joins Drapers' Pyrgo Priory mid-term, staff and Governors will endeavour to ensure that arrangements are put in place within two weeks.

Pupils taking their own medication

After discussion with parents, children who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected in their own Health Care Plans. Children may require a level of supervision which will be identified and provided. Where a child refuses to take medicine or to carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the IHP/EHCP. Parent/carers will be informed so that alternative options can be considered.

Staff Training

Drapers' Pyrgo Priory staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual healthcare plans). A first aid certificate does not constitute appropriate training in supporting children with medical conditions. The School Nurse will be consulted for advice on appropriate training required.

The school will ensure that staff who administer medicine to control specific chronic conditions are trained to administer those specific medicines, for example, Anaphylaxis (epipens), Diabetes (insulin) Epilepsy (eg 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.

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. 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.

The school will ensure that a record is made of every dose of medicine administered in school by the person that administers the medicine.

Storage and Access to Medicines

All medicines apart from emergency medicines (inhalers, epipens etc) are kept in a locked cupboard. Medicines are always stored in the original pharmacist's container. Pupils are told where their medication is stored and who holds the key – the key is always available from the school office. 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 to be kept in a clearly identified container in the pupil's classroom with a spare kept in the medical room. 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. In accordance with the Human Medicines (Amendment No 2) Regulations 2014 the school will keep a small supply of salbutamol inhalers for emergency use.

Prescription medicines that are clearly labelled and in their original packaging that require refrigeration are kept in the medical room fridge.

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. IHP's 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.

Medicines on Educational Visits

Staff will administer prescription medicines to pupils when required during educational visits. Parents should ensure they complete a Parental consent form that can be found at the school office 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 parents 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. 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. Parents must give written consent prior to the residential visit using a Parental agreement form 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 parents must certify this is the case – a note to this effect should be recorded on the consent form.

The school will keep its own supply of standard Six Plus Meltlet tablets for administration to pupils during a residential visit. 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.

Unacceptable Practice

Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

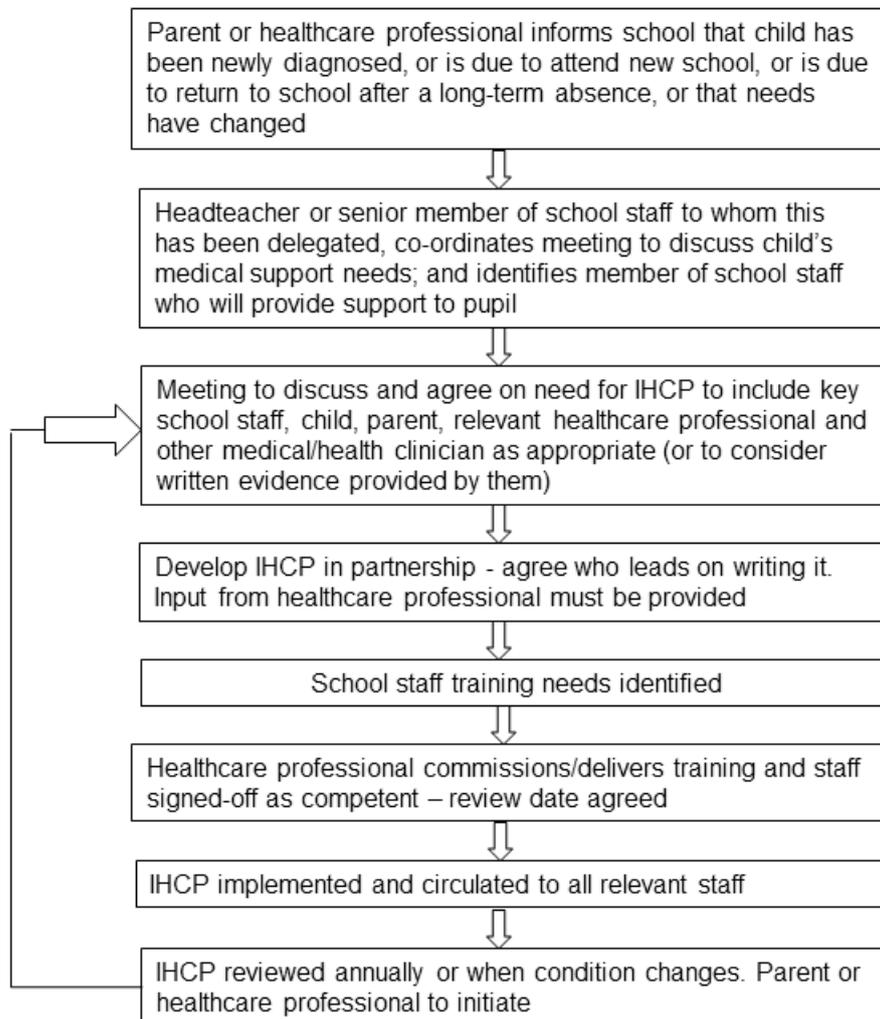
- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition eg hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school

Complaints

Issuing arising from the medical treatment of a pupil whilst in school should in the first instance be directed to the Head teacher. If the issue cannot easily be resolved, the head teacher will inform the governing body will seek resolution. Please see the Complaints Policy available on the school website Parents – Policies page.

www.draperspyrgo.com

Appendix A: Model process for developing individual healthcare plans



Further sources of information

Other safeguarding legislation

Section 21 of the Education Act 2002 provides that governing bodies of maintained schools must in discharging their functions in relation to the conduct of the school promote the well-being of pupils at the school.

Section 175 of the Education Act 2002 provides that governing bodies of maintained schools must make arrangements for ensuring that their functions relating to the conduct of the school are exercised with a view to safeguarding and promoting the welfare of children who are pupils at the school. Paragraph 7 of Schedule 1 to the Independent School Standards (England) Regulations 2010 set this out in relation to academy schools and alternative provision academies.

Section 3 of the Children Act 1989 provides a duty on a person with the care of a child (who does not have parental responsibility for the child) to do all that is reasonable in all the circumstances for the purposes of safeguarding or promoting the welfare of the child.

Section 17 of the Children Act 1989 gives local authorities a general duty to safeguard and promote the welfare of children in need in their area.

Section 10 of the Children Act 2004 provides that the local authority must make arrangements to promote co-operation between the authority and relevant partners (including the governing body of a maintained school, the proprietor of an academy, clinical commissioning groups and the NHS Commissioning Board) with a view to improving the well-being of children, including their physical and mental health, protection from harm and neglect, and education. Relevant partners are under a duty to cooperate in the making of these arrangements.

The NHS Act 2006: Section 3 gives Clinical Commissioning Groups a duty to arrange for the provision of health services to the extent the CCG considers it necessary to meet the reasonable needs of the persons for whom it's responsible. **Section 3A** provides for a CCG to arrange such services as it considers appropriate to secure improvements in physical and mental health of, and in the prevention, diagnosis and treatment of illness, in the persons for whom it's responsible. **Section 2A** provides for local authorities to secure improvements to public health, and in doing so, to commission school nurses. Governing Bodies' duties towards disabled children and adults are included in the **Equality Act 2010**, and the key elements are as follows:

- They **must not** discriminate against, harass or victimise disabled children and young people
- They **must** make reasonable adjustments to ensure that disabled children and young people are not at a substantial disadvantage compared with their peers. This duty is anticipatory: adjustments must be planned and put in place in advance, to prevent that disadvantage

Other relevant legislation

Section 2 of the **Health and Safety at Work Act 1974**, and the associated regulations, provides that it is the duty of the employer (the local authority, governing body or academy trust) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.

Under the **Misuse of Drugs Act 1971** and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child that has been prescribed a controlled drug.

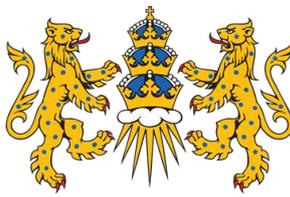
The **Medicines Act 1968** specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration.

Regulation 5 of the School Premises (England) Regulations 2012 (as amended)

provide that maintained schools must have accommodation appropriate and readily available for use for medical examination and treatment and for the caring of sick or injured pupils. It **must** contain a washing facility and be reasonably near to a toilet. It **must** not be teaching accommodation. Paragraph 23B of Schedule 1 to the Independent School Standards (England) Regulations 2010 replicates this provision for independent schools (including academy schools and alternative provision academies).

The Special Educational Needs Code of Practice

Section 19 of the Education Act 1996 (as amended by Section 3 of the Children Schools and Families Act 2010) provides a duty on local authorities of maintained schools to arrange suitable education for those who would not receive such education unless such arrangements are made for them. This education must be full time, or such part time education as is in a child's best interests because of their health needs.



Drapers' Pyrgo
Priory School

Parental Agreement for School to Administer Medicine

As part of the School Policy on the administering of medicine to children you are required to complete and sign this form if your child should require medicine during the school day.

Child's Name:	
Class:	
Commencement Date:	
Name and strength of medicine:	
Expiry Date:	
Dosage (amount to be given):	
When to be given:	
Any other instructions:	
Quantity of medication given to the School i.e. Number of tablets Full/part full bottle	

Note: Medicines must be in the original container as dispensed by the pharmacy.

Daytime telephone number of parent or adult contact:	
Name and phone number of GP:	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school to administer medicine in accordance with the 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 medicine is stopped.

Parent's signature:

Date:

If more than one medicine is to be given a separate form for each one should be completed.