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**Barrow CE Primary School**

**Medicines Policy**

**March, 2024**

The Children and Families Act, 2014, places a duty on the Governing Bodies of schools to ensure that children with medical conditions are properly supported and have access to a full education.

At any time, a professional judgment may be made by the school about whether or not a child is fit to attend school. If the child, in the judgment of the teaching staff, is not deemed fit to attend school, then the parent(s) or guardian(s) will be contacted in order that they can collect the child.

The administration of medicine to children is the responsibility of parents. Wherever possible, all medication should be given to children in their home environment. However, in some circumstances, the school may agree to administer some types of medicine:

* Most young children will at some time have short-term medical needs, eg. completing a course of antibiotics. Some children will have longer term medical needs, eg. those suffering from diabetes or epilepsy.
* Some children may need medication in particular circumstances, for example, if they suffer from a severe allergy and need an adrenaline injection, or have an asthma attack and need an inhaler
* In most cases, young people with medical needs can attend school and take part in normal activities, but staff may need to take care in supervising activities to ensure that they, and others, are not put at risk.
* An Individual Health Care Plan (IHCP) can help staff to identify the necessary safety measures to help support young people with medical needs.

**The following safeguards should be observed in any case where the Head teacher agrees to accept responsibility for the administration of medicines to children:**

* The parent has a duty to inform the school in writing of the medical needs of the child and how to administer any medicine. A doctor’s note may be required to confirm that a medicine needs to be given during school hours.
* The Parent should consent in writing to a nominated member of staff administering the medicine. This consent should be reviewed termly.
* All medicines prescribed by a doctor should be contained in the original packaging with the name of the child and the recommended dosage. Staff will not agree to vary the recommended dosage on any prescribed medicines.
* Prescribed medicines should be brought to school in original packaging, by an adult, and handed to the Head teacher or nominated member of staff. Medicines should not be brought in by children. Only a small amount of medicine will be accepted at a time.
* Prescribed medicines must be clearly labelled and will be kept in a safe and secure place. Some medicines which may be required urgently eg an asthma inhaler, may be kept under teacher supervision in the classroom. Responsible children may be allowed to keep items such as an inhaler, by agreement between the school, the parent/carer and the pupil.
* **We will not accept medicines that have been taken out of the container as originally dispensed, nor make changes to dosage on parents’ instructions.**
* A few medicines need to be refrigerated. They will be kept in a refrigerator and must be clearly labelled. There is restricted access to the refrigerator holding medicines.
* Long term medical conditions should be recorded on the child’s record card together with appropriate instructions for care and treatment.
* Staff will never give non-prescribed medicine to a child unless there is a specific written agreement to do so from parents.
* Children should know where their medicine is being stored, and who holds the key. Asthma inhalers and adrenaline pens may be kept by teachers to be readily available to children requiring them, and should not be locked away. If children are sufficiently responsible, they may be allowed to be fully responsible for their inhalers and keep them at all times.
* Only one member of staff at a time should administer medicines, to avoid the risk of double dosing.
* Schools must ensure that sufficient members of staff are adequately trained to manage medicines for a child. A member of staff who agrees to accept responsibility for administering prescribed medicines to a young person should have appropriate training and guidance from a health professional. **They should be aware of any potential side-effects of the medicine and what to do if there is such an incident.** A written record of training and authority to carry out procedures should be kept both by the school and the member of staff.
* If a child brings any medication into school for which the head teacher has not received written notification, and granted permission, the staff and governors of the school cannot be held responsible for that medication or any consequences of it having been taken without their knowledge.

**Special Circumstances**

* Where the child has a special educational need identified in a statement or EHC plan, the individual healthcare plan should be linked to or become part of that statement or EHC plan.
* Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), schools should work with the local authority and education provider to ensure that the individual healthcare plan identifies the support the child will need to reintegrate effectively.

**Individual Health Care Plans**

Where a child has long-term medical needs, an Individual Health Care Plan must be written. This should provide information about the long-term medical condition and medical needs. The IHCP should be prepared before the child starts school, or immediately upon the child developing a long-term medical condition. The IHCP should contain the following information:

* The pupil’s information: name; date of birth; class; home address and medical diagnosis
* Next of kin contact information: name; relationship to child; contact telephone numbers
* GP’s name, address and contact number
* Contact names and numbers of any consultant, hospital clinic or other medical parties involved
* Information about the medical condition and how it affects the pupil eg. symptoms, side-effects, impacts on daily life, triggers, daily support needs
* Information on how the medical condition may impact on the pupil’s learning and development,
* Any medications needed: name of medication; dosage; how and when medication is taken; possible side-effects
* Details of how the school will arrange for the disposal of sharps or other medical waste
* Arrangements needed for school trips and events
* Any potential emergency situations: warning signs/symptoms; steps to take in an emergency.
* Who was involved in writing and agreeing to the plan.
* Date the plan was written and when and how often it will be reviewed.
* Signatures of the parents and the Head Teacher

In some circumstances, the Health Care Plan may be written by the family and medical professionals, and will have to be approved by the school, as something that they can oversee.

**Consent To Administer Medicine**

* **As well as having an Individual Health Care Plan, the school will require written consent from the parent/carer to administer the medication. The consent form must contain specific information about the medication including the name; dose; time; method and any special instructions.**
* **This form should also be used to document how the medication will be delivered to the school, and to whom it should be handed.**
* **The Consent form should also name the member(s) of staff who will administer the medicine.**
* **The form should be reviewed termly.**

**Consent from the Pupil and Administration of Medicine**

The member of staff administering any medication to a pupil should obtain the child’s verbal consent. If the consent is withheld, the staff member will contact the parent to come and administer the medicine. The medicine should be administered in a private setting, away from distractions, and so that the child’s confidentiality is maintained.

Seeking consent and promoting independence is likely to make the process easier for all parties. Enabling children to do as much of the process as possible will support pupils to become more responsible and independent in managing their long-term medical conditions. This can be important for building their self-confidence and sense of responsibility for their own well-being.

**Procedures**

* An identified member of staff should be responsible for overseeing Individual Health Care Plans. This will usually be the class teacher, with the parent.
* All staff involved in handling and administering medications should be sufficiently trained and competent.
* All relevant staff at the school are made aware of a pupil’s medical needs and how to support them.
* A named member of staff will be identified as someone to whom parents/carers must report medical needs to
* Medication must be handed to the nominated member of staff, who will immediately check that the medication is in its original packaging and is labelled with the child’s name and the prescribed dosage. The medication should then be stored either in a locked cupboard, or in a secure refrigerator. If appropriate, some types of medication may be kept safely in a classroom, for easy access in an emergency eg. asthma inhalers.

**Disposal of Medicines and waste products**

* All medicines should be returned to the parent, when no longer required, for them to arrange safe disposal. They should also collect all medicines held at the end of each term
* The school will make appropriate arrangements for disposing of sharps or other medical waste as appropriate.

**Staff Responsibility**

* Staff should only carry out tasks they have been trained to do
* They should keep their knowledge up to date
* They should not carry out tasks they have not been trained to do
* They should follow school policies and procedures when dealing with children with medical needs
* Staff should report any concerns they have to the parents, to the head teacher or to the appropriate medical professionals named in the IHCP
* A named member of staff with responsibility for administering medication should not delegate this task to others who may not be trained or competent.
* If a medication error is made the staff should:
* Stay calm
* Check all information again to be clear on what the error is
* Report the error to a more senior/experienced member of staff
* Ask the senior staff member to come and check the pupil
* Contact the pupil’s parent/carer to inform them of the error and agree next steps
* Record it on CPOMS

**If at any time after receiving medication, the pupil starts to show signs of being unwell, staff should call 111 for immediate advice and support**

**If the pupil loses consciousness, experiences difficulties breathing or shows any other signs of serious illness, staff should call 999**

**Insurance**

All staff are covered under Public Liability Insurance. However, specific insurance may need to be arranged to cover some healthcare procedures.

**Complaints**

Should any parent/carer be dissatisfied with the support provided, they should firstly discuss their concerns with the member of staff administering the medicine or the Head Teacher.

If they are still dissatisfied, then they should make a formal complaint under the school’s complaints procedure.

Signed……………………………………..Governor Responsible

Signed…………………………………….. Head Teacher

Date: March 2024 Date of Review: Spring 26