



Medication Policy

Updated: September 2023

Mission Statement

Chatsworth High School & Community College is a caring, happy and progressive learning community in which each person is valued equally and respected unconditionally. Our school community promotes high expectations for each person and supports every member of our school community in achieving their potential as life-long learners. At Chatsworth High School every person matters.

Ten Core Beliefs

1. We believe the health and safety of our students is paramount
2. We believe in the right of all people to be emotionally healthy, financially secure and learning fulfilled
3. We believe we should all belong and feel we all belong
4. We believe in continuously improving our school through honest, collaborative teamwork
5. We believe our curriculum should be relevant, purposeful, accessible and constantly evolving
6. We believe teaching and learning should be enjoyable, exciting and consistently inclusive
7. We believe teaching and learning should be founded on established best practice and an openness to innovative approaches
8. We believe in working hard and doing our best
9. We believe we should help one another in our learning and support one another in our lives
10. We believe we are providing a foundation for our students' adult lives

Medication policy

Aims

The medicine in school policy is designed to:

- Ensure the safety of pupils in the school.
- Support pupils with medical conditions so that they have full access to education, including school trips and physical education
- Provide a framework that staff **MUST** follow to allow medicines to be brought into school and administered.
- Set guidelines for staff medications.
- As our children have statements, or an Education Health and Care Plan (EHC), this policy operates in conjunction with the SEN Code of Practice.

Legal Framework:

Disability Discrimination Act 1995: (as amended by the SEN and Disability Act 2001) makes it a requirement for schools not to unjustifiably discriminate against children with disabilities, including those with medical needs.

Health and Safety at Work Act 1974 and Management of Health and Safety at Work Regulations 1999: School managers have a responsibility to ensure that safety measures are in place to cover the needs of all staff, visitors and children in the school. This may mean conducting risk assessments and making special provision for children with particular health needs.

Control of Substances Hazardous to Health Regulations 2002: COSHH covers the use and storage of hazardous substances. Some medicines fall into this category.

Medicines Act 1968: This covers all aspects of the supply and administration of medicines. It allows any adult to administer a medicine to a third party as long as they have consent and administration is in accordance with the prescriber's instruction. This includes the administration of some forms of injection (with appropriate training).

Misuse of Drugs Act 1971: This act and its associated regulations cover the supply, administration and storage of controlled drugs. At times schools may have a child who has been prescribed a controlled drug.

It should be noted that there is no legal duty that requires school staff to administer medicines but that we, at Chatsworth High School and Community College, are willing to undertake this task to enable regular attendance, under the following conditions.

Individual Healthcare Plans

The School Nurse is responsible for liaising with staff and ensuring the compiling of Individual Health Care Plans.

Individual Healthcare Plans will be easily accessible to all who need to refer to them, while preserving confidentiality. The level of detail within plans will depend on the complexity of the child's condition and the degree of support needed.

Individual Healthcare Plans, (and their review), may be initiated, in consultation with the parent/carer, by a member of school staff or a healthcare professional involved in providing care to the child. Plans will be drawn up in partnership between the school, parents/carers, and a relevant healthcare professional, who can best advise on the particular needs of the child. For example, school nursing services may contribute sections on feeding needs – gastrostomy, nasogastric, alongside specialist nurses for children with a tracheostomy.

Plans for children with asthma and epilepsy will be overseen by the specialist nurse. Pupils will also be involved whenever appropriate.

Plans will be reviewed at least annually, or earlier if evidence is presented that the child's needs have changed. The plans will be developed with the child's best interests in mind and ensure that Chatsworth High School and Community College is able to assess and manage risks to the child's education, health and social well-being and minimises disruption. The Individual Healthcare Plan will be linked to or become part of each child's Statement or Education/Healthcare Plan.

Where a child is returning to school following a period of hospital education or alternative provision (including home tuition), Chatsworth High School and Community College will work with the local authority and parents/cares to ensure that the Individual Healthcare Plan identifies the support the child will need to reintegrate effectively.

Contents of Individual Health Care Plans

These will include, **as appropriate**:

- o The medical condition, its triggers, signs, symptoms and treatments;
- o 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 e.g., crowded, travel time between lessons.
- o Specific support for the pupil's educational, social and emotional needs – for example, how absences will be managed, use of rest periods or additional support in catching up with lessons, counselling and therapy sessions;
- o 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;

- o 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;
- o Who in the school needs to be aware of the child's condition and the support required;
- o Arrangements for written permission from parent/carers and the head teacher for medication to be administered by a member of staff, or self-administered by the pupil during school hours;
- o 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, e.g. risk assessments;
- o Where confidentiality issues are raised by the parent/child, the designated individuals to be entrusted with information about the child's condition; and
- o What to do in an emergency, including whom to contact, and contingency arrangements. Where children have an emergency healthcare plan prepared by their lead clinician, this will be used to inform development of their Individual Healthcare Plan.

School staff - any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines. Although administering medicines is not part of teaching assistants or teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach or support. School staff will receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. The school nurse is responsible for delivering this training or organising relevant health care professionals to deliver training where appropriate. Any member of school staff should know what to do and respond accordingly when they become aware that a pupil with a medical condition needs help.

School nurses - are responsible for notifying the school when a child has been identified as having a medical condition which will require support. Wherever possible, they will do this before the child starts at the school. They may support staff on implementing a child's Individual Healthcare Plan and provide advice and liaison, for example on training. School nurses may liaise with lead clinicians locally on appropriate support for the child and associated staff training needs.

Other healthcare professionals, including GPs and paediatricians - should notify the school nurse when a child has been identified as having a medical condition that will require support at school. They may provide advice on developing healthcare plans. Specialist local health teams will be asked to provide support for children with particular conditions (e.g. asthma, diabetes and epilepsy).

Parent/Carers – should provide the school with sufficient and up-to-date information about their child's medical needs. They may in some cases be the first to notify the school that

their child has a medical condition. Parents/carers are key partners and will be involved in the development and review of their child's individual healthcare plan, and may be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, e.g. provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Providers of health services - should co-operate with Chatsworth High School and Community College in the support of children with a medical condition, including appropriate communication, liaison with school nurses and other healthcare professionals such as specialist and children's community nurses, as well as participation in locally developed outreach and training. Good relationships with health services will be fostered and developed as they can provide valuable support, information, advice and guidance to school, to support children with medical conditions at school.

Chatsworth High School and Community College will work with:

- o Clinical commissioning groups (CCGs) – these commission other healthcare professionals such as specialist nurses. They should ensure that commissioning is responsive to children's needs, and that health services are able to co-operate with schools supporting children with medical conditions. They have a reciprocal duty to cooperate under Section 10 of the Children Act 2004 (as described above for local authorities). Clinical commissioning groups should be responsive to local authorities and schools seeking to strengthen links between health services and schools, and consider how to encourage health services in providing support and advice, (and can help with any potential issues or obstacles in relation to this). The local Health and Wellbeing Board will also provide a forum for local authorities and CCGs to consider with other partners, including locally elected representatives, how to strengthen links between education, health and care settings.

Any member of school staff providing support to a pupil with medical needs will have received suitable training.

This will have been identified during the development or review of Individual Healthcare Plans. Where staff already have some knowledge of the specific support needed by a child with a medical condition, extensive training may not be required. Staff who provide support to pupils with medical conditions will be included in meetings where this is discussed.

The relevant healthcare professional (usually the school nurse) will normally lead on identifying and agreeing with Chatsworth High School and Community College, the type and level of training required, and how this can be obtained. Chatsworth High School and Community College may choose to arrange the training themselves and will ensure this remains up-to-date.

Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions, and to fulfil the requirements as set out in individual healthcare plans. This will include an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

A register of training received will be kept by the school nurse, with a copy of this record in the school office. Individuals will also retain their training record sheet. It is the responsibility of the School nurse, school and individual to ensure that training is reviewed regularly and updated when appropriate.

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. Healthcare professionals, including the school nurse, will provide confirmation of the proficiency of staff, in a medical procedure, or in providing medication.

All staff will be made aware of the school's policy for supporting pupils with medical conditions and their role in implementing that policy during an annual inset day and via whole school email, with the policy available for reference on the Staff Shared Area and the school website. Induction arrangements for new staff will include reference to this policy. The advice of the relevant healthcare professionals will be taken on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This will include preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

The family of a child will often be key in providing relevant information to school staff about how their child's needs can be met. Parent/carers will be asked for their views and may provide specific advice, but should not be the sole trainer.

The details of continuing professional development provision opportunities will be provided to staff as appropriate.

Supply of medication

Parental Responsibilities

For medicines to be administered in school, they must be properly labelled with the name of the child, the required dose and the appropriate time at which they should be administered.

Medicines are not accepted out of the container in which they were originally dispensed and must include the prescriber's instructions.

A parent/carer or guardian must complete the appropriate form, required under Health and Safety regulations, before medicines can be accepted into school.

Before giving medication to any child you must have written agreement from the parents. This agreement should include the child's name, the name of the medication, the required dose and agreed time of administration. It should also be clear whether the medication is on-going or to be taken up until a particular date. Any possible side effects should be listed and/or the information leaflet that is normally supplied by the manufacturer made available.

It is absolutely essential that you only accept medication that is in its original labelled container.

It is good practice for the person receiving the medicine to check that the label indicates the name of the child, that the dose parents have stipulated coincides with that detailed on the label and that the medicine is 'in date'. Where the medicine is in tablet or capsule form, they should if possible check the number provided.

School staff have responsibility for receiving / logging / storing / administering / checking parental consent for medicines.

Medicines can be classed as substances hazardous to health and as such must be stored securely. It is also important to note that some need to be stored at particular temperatures or away from light. This information will be on the medicine label and in the manufacturer's information leaflet. Most medicines should be kept in a locked cupboard. This cupboard is located within the staff work room and all members of staff are aware of its location.

If medicine needs to be kept cool, then it should be placed in a fridge where children cannot freely access it. Store medicines in a labelled airtight container to keep them separate from food products.

Managing Medicines on School Premises

- o Medicines will be administered at school when it would be detrimental to a child's health or school attendance not to do so.
- o No pupil should be given prescription or non-prescription medicines without their parent's/carer's written consent - except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parent/carer.

A child under 16 will never be given medicine containing aspirin unless prescribed by a doctor. Prescribed medication, e.g. for pain relief, will never be administered without first checking maximum dosages and when the previous dose was taken. Where permission for paracetamol to be administered has been given, unless a parent/carer can be contacted to check times, it will not be given before 13:00. A parent/carer will be informed.

- o Chatsworth High School and Community College 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 school inside an insulin pen or a pump, rather than in its original container.
- o All medicines must be stored safely and appropriately to ensure use is timely as per individual pupil's care plans. This is particularly important to consider when outside of school premises e.g. on school trips.
- o Chatsworth High School and Community College will keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container and only named staff will have access. Controlled drugs will 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.
- o School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines will do so in accordance with the prescriber's instructions. Chatsworth High School and Community College 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 will be noted.
- o When no longer required, medicines will be returned to the parent/carer to arrange for safe disposal via the bus escort hand to hand. Sharps boxes will always be used for the disposal of needles and other sharps.

Administration

As a general guideline before administering medication to a child the staff member should:

- Wash their hands
- Ensure that a drink is available if appropriate (some tablets can irritate and damage the throat and oesophagus if administered without a drink)
- Check the label on the medication: name of child, dose, route of administration (e.g. by mouth, into ear/eye, rubbed on the skin), any special instructions and expiry date.

When a child is given medicine he/she or the member of supporting staff will first be asked the child's name and this name checked against the name on the medicine – even if the member of staff knows the child well. Where appropriate the consent form, signed by the parent, must be checked for the time the medicine is required and the dosage.

The record sheet must be checked to ensure that another member of staff has not already administered the dose.

The medication administration sheet must be completed, with date, time and dosage recorded. This must then be signed by the member of staff giving the medication and then countersigned by a second member of staff.

If the administration of prescription medicines requires technical or medical knowledge, then individual training will be provided to staff from a qualified health professional.

If there is any doubt about any procedure staff should not administer, but seek advice from parents or health professionals.

If a child refuses the medication, they must not be forced. Staff can try to encourage them or perhaps get someone else to try. **Under no circumstances should you attempt to hide the medicine in food or drink, unless you have written permission from parents to do so.**

It is normally considered poor practice to give medicines covertly, although in rare cases where the health professionals judge that it is in the child's interests to do so, this is acceptable. Some children do find tablets difficult to swallow so may be given them, with their full knowledge, in, for example, a spoonful of jam. Even in these circumstances parents must give written instructions. As some medicines can react with certain foods it is advisable that they have sought advice from their pharmacist.

Occasionally mistakes will happen. A member of the Senior Leadership Team and the School Nurse must be informed immediately if this occurs.

In most cases, whether it is a missed dose or a medicine given in error there will be no harm done. Parents should be contacted and the mistake explained to them. In the case of a missed dose, you may be able to give it at a later time. Where a dose has been given in error, it is important that the child is monitored for any reactions and medical advice sought if you are in any way concerned.

Disposal

Tablets and capsules are occasionally dropped on the floor or spat out. In these cases place the tablet in a labelled envelope and return it to the parents. In no circumstances should it be flushed down the toilet or thrown in the bin.

When a child leaves the school, ceases to need medication or if a medicine has

passed its expiry date, return any that is unused to the parents. If this is not possible take it to a pharmacist for disposal.

Record Keeping

On a day –to-day basis, staff administering medication will keep written records of all medicines given, and sign to confirm the details.

The date, name and class of the child, the type and dose of the medicine and the time of administration of the medicine, will be recorded on the Record Sheet together with the initials of the administrator and must be countersigned. If on a school trip a record must also be kept and countersigned.

Parent/carers will be informed if their child has been unwell at school, either by home-school book, SeeSaw app, phone call or in person as appropriate.

Emergency Procedures

An ambulance will be called in all emergency situations. A child should not be taken to hospital in a staff car except in very exceptional circumstances.

In the parent's absence, a member of staff will accompany the child to hospital and stay with the child until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Day Trips, Residential Visits and Sporting Activities

Pupils with medical conditions will be actively supported to participate in school trips and visits, or in sporting activities, so that their condition does not prevent them from doing so. Teachers will be aware of how a child's medical condition will impact on their participation, but be flexible enough to enable all children to participate according to their own abilities and with any reasonable adjustments, unless evidence from a clinician such as a GP states that this is not possible.

Staff will consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. The lead member of staff will carry out a risk assessment so that planning arrangements take account of any steps needed to ensure that pupils with medical conditions are included. This may require consultation with parents/carers and pupils and advice from the relevant healthcare professional to ensure that pupils can participate safely.

Residential Trip / Holidays

Where children are staying away from home on a residential trip / holiday organised by the school, parents will be asked to sign a form giving permission for medication such as paracetamol etc. antiseptic cream, sun cream or lip salve, to be administered by staff if deemed necessary.

If a child requires any prescription medication during a trip / residential the parents' consent must be gained separately in writing **(even if the school already has consent for in school giving of the medicine)**, the parents / guardian and trip organiser should have a meeting before the trip and agree in writing:

The child's name, the name of the medication, the required dose and agreed time of administration. It should also be clear whether the medication is ongoing or to be taken up until a particular date. Any possible side effects should

be listed and/or the information leaflet that is normally supplied by the manufacturer made available.

- ☐ Parents should bring the medicine into school either on the day stated or on the day of the trip departing and hand it to the trip leader, who should then record that it has been received.
- It is absolutely essential that medication is in its original labelled container.
- ☐ It is good practice for the person receiving the medicine to check that the label indicates the name of the child, that the dose parents have stipulated coincides with that detailed on the label and that the medicine is 'in date'. Where the medicine is in tablet or capsule form, they should check the number provided.
- The trip leader is responsible for checking with the parents that the correct quantity of medication has been provided.
- Whilst the school will do everything in its power to ensure it is promoting inclusion and equality for all, the final decision on whether a child with more complex medication needs goes on a residential trip rests with the Headteacher, they will discuss this with the trip leader and the parents / guardians of the child at the stage of initial approval for the trip.

Other Issues

School Transport

Each class team will now be responsible for the collection and returning of student medication at the beginning and the end of each day.

Medication must be taken from the student bag and signed into the medication cupboard by the class team at the beginning of the day and then signed out by a member of the class team at the end of the day.

At the end of the day the medication must either be handed to the passenger assistant by a member of the class team

OR

The member of the class team ensures that the passenger assistant is aware that there is medication in the students bag

o **Defibrillators** – in the event of sudden cardiac arrest, which can happen to people at any age and without warning, quick action (in the form of early CPR and defibrillation) can help save lives. Modern defibrillators are easy to use, inexpensive and safe. Chatsworth High School and Community College has installed a defibrillator for general use at the front entrance of school; five members of staff have been trained to use the defibrillator. These names are displayed by the defibrillator and are also in the main office, staff notice board and Hydro pool. Some staff appointed as first aiders are already trained in the use of CPR.

o **Asthma Policy** – *Chatsworth High School and Community College* will be guided by the protocol to be produced by the Department of Health on the voluntary holding of asthma inhalers for emergency use.

o **Epilepsy and Allergic Reactions (Nut allergy)** – the school nurse can offer guidance, training and support in the use of Epipens and Emergency medication.

Adult Medication

It is clearly going to be necessary from time to time for members of staff, governors, volunteers and other visitors to bring medication, either prescription or not onto the school premises.

This is perfectly normal and allowable.

However, the person, be they staff, governor, volunteer or other visitor must ensure the medication is kept beyond the reach of children.

It is not acceptable to leave medication in a location where a child could gain access to it, for example in a handbag or briefcase or in a desk draw. Please be sensitive when you are taking medication - consider what children may think if you take a pill / capsule or an injection in public.

Unacceptable Practice

School staff will use their discretion and judge each case on its merits with reference to each child's Individual Healthcare Plan. It is not generally acceptable practice to:

- o Prevent children from easily accessing their inhalers and medication.
- o Where a child is able, to prevent them administering their medication; themselves under adult supervision and in line with safety;
- o Assume that every child with the same condition requires the same treatment;
- o Ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- o 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;
- o If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- o Penalise children for their attendance record if their absences are related to their medical condition eg hospital appointments;
- o Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- o Require parents/carers, 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
- o Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents/carers to accompany the child