

Bedford High School

A specialist Business and Enterprise College

To Care To Learn To Achieve



Medicines Policy

School Address	Manchester Road Leigh WN7 2LU
School Contact Number	01942 909009

Document control

Date reviewed	September 2019
Revision due	September 2020
Current author	Bridget Moss
Governing Committee	Standards
Electronic copies of this plan are available from	FROG VLN
Hard copies of this plan are available from	HR Facilities & Communications Manager
Public sector equality duty guidance considered	Yes

Changes History

Date	Description	Changes
September 2019	Updated in line with small changes to roles in school and with more streamlined 'easy use' paperwork.	Staffing

Rationale/Introduction

Bedford High School is an inclusive learning environment that aims to support and welcome students with medical conditions.

It is the aim of the school that every student achieves his or her full potential. All students, including those with medical needs, are encouraged to access all learning opportunities including school trips and physical education through maximum attendance. For some students, this may mean the administration of medicines within school hours. The school will agree to undertake this responsibility **only where essential**. Health and social care professionals, students and parents will be consulted to ensure that the needs of students with medical conditions are effectively supported. Parents, however, have the prime responsibility for their child's health and should recognise that there is no legal duty that requires school or school staff to administer medicines. Staff who are prepared to administer medicines do so voluntarily.

Whilst it is recognised that at some point most children will have short-term medical needs, medicines should only be brought into school when essential, ie. where it would otherwise be detrimental to a child's well-being and health were it not administered during the school day. If prescribed medication is required, the parent/guardian should do their utmost to ensure that it is taken before or after school. Medicine that should be taken 3 times per day should be taken morning, tea-time and evening.

It is recognised that some of the medical conditions that require support at school will affect quality of life and may be life-threatening. Some will be more obvious than others and therefore our focus is on the needs of each individual child and how their medical condition impacts on their school life. In line with safeguarding duties, and in order to protect students' health from infectious diseases, a student will not be accepted in school where it would be detrimental to the health of that student or others to do so.

The purpose of this policy is to:

- Fulfil the duty placed on schools under Section 100 of the Children and Families Act 2014
- Ensure that any medicines brought into school are kept and administered in a safe and monitored environment
- Ensure that clear guidance and procedures are set out in order to safeguard students and staff
- Ensure compliance with current legislation and guidelines
- Identify any training required to support staff who volunteer to support those with medical needs

Roles and Responsibilities

Supporting a student with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend to an appreciable extent on working co-operatively with other agencies. Multi-agency working between school staff, healthcare professionals (and, where appropriate, social care professionals), local authorities, parents, and students will be critical to ensure that the needs of students with medical conditions are met effectively.

Illnesses during the school day

When students become unwell at school they should report to their Pastoral Guidance Officer in The Hive before potentially being collected by parents/guardians/relatives/minders as soon as possible.

To this end it is vital to have not only students home telephone numbers (if on the phone) but other emergency contact numbers as well eg. work/relatives/childminders. These details should be updated regularly so that they remain current. If parents fail to give emergency numbers or refuse then the school will act 'in loco parentis' should an incident occur. But in some circumstances this may result in a referral to social services.

When a student becomes seriously unwell or is injured, an ambulance should be called immediately and parents or relatives informed. Staff should never take students to hospital in their own vehicle as this poses an unnecessary risk. Details of the student should be given to the ambulance crew.

If the parent/carer does not arrive to accompany the ambulance then a member of staff may, under certain circumstances, accompany the student. This would also enable the school to stay fully briefed about the situation. However, when the parents/relatives arrive, the staff member should return to school.

Parental responsibility

- Parents have the prime responsibility for their child's health and must provide the school with comprehensive up to date information about their child's medical condition through the completion of the required form(s) – see appendices. Reminders will be sent out each September.
- It is the responsibility of parents to notify the school in writing whenever a student needs to take medication and also when the student's need for medication has ceased.
- It is the parents' responsibility to renew the medication when supplies are running low and to ensure that the medication supplied is **within its expiry date**.
- To provide medication in its original box with the name of the student clearly labelled and the dosage. Prescribed medicines should be labelled with the printed pharmacy dispensary label attached.
- Parents are asked to collect any out of date medication for appropriate disposal at a pharmacy.
- Parents are key partners and should be involved in the development and review of their child's individual healthcare plan, and should be involved in its drafting. They should carry out any action they have agreed to as part of its implementation, eg, provide medicines and equipment and ensure they or another nominated adult are contactable at all times.

Student Responsibility

- After discussion with parents, students who are competent will be encouraged to take responsibility for managing their own medicines and procedures and this will be reflected in individual health care plans.
- Wherever possible, students should be able to access their medicines for self-medication quickly and easily.
- Students who can take their medicines themselves or manage procedures may require appropriate level of supervision. If it is not appropriate for a child to self-manage, then named staff will help to administer medicines and manage procedures for them.
- If a student refuses to take medicine or carry out a necessary procedure, named staff will not force them to do so, but will follow the procedure agreed in the individual health care plan.

School Responsibility

- Named staff who volunteer to administer medicine will receive appropriate information and training/support from health professionals where necessary. For medication where no specific training is necessary, named members of staff may administer prescribed and non-prescribed medication to students under the age of 16, **but only with the written consent of the students' parent/guardian.**

- **Headteacher**– should ensure that the school's policy is developed and effectively implemented with partners. This includes ensuring that all staff are made aware of the policy for supporting students with medical conditions and understand their role in its implementation. The Headteacher should ensure that all staff who need to know are aware of the child's condition. They should also ensure that sufficient trained numbers of staff are available to implement the policy and deliver against all individual healthcare plans, including in contingency and emergency situations. They should also make sure that school staff are appropriately insured and are aware that they are insured to support students in this way. They should contact the school nursing service in the case of any child who has a medical condition that may require support at school, but who has not yet been brought to the attention of the school nurse.

- **School staff** – any member of school staff may be asked to provide support to students with medical conditions, including the administering of medicines, although they cannot be required to do so. Although administering medicines is not part of teachers' professional duties, they should take into account the needs of pupils with medical conditions that they teach. School staff should receive sufficient and suitable training and achieve the necessary level of competency before they take on responsibility to support children with medical conditions. Any member of school staff should know what to do and respond accordingly when they become aware that a student with a medical condition needs help.

Other agencies' responsibilities

- **School nurse**– every school has access to school nursing services. Wherever possible, the nursing service should notify school of a medical condition before the child starts at the school. They would not usually have an extensive role in ensuring that schools are taking appropriate steps to support children with medical conditions, but may support staff on implementing a child's individual healthcare plan and provide advice and liaison, for example on training. School nurses can liaise with lead clinicians locally on appropriate support for the student and associated staff training needs - for example, there are good models of local specialist nursing teams offering training to local school staff, hosted by a local school. Community nursing teams will also be a valuable potential resource for a school seeking advice and support in relation to children with a medical condition.

- **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 may be able to provide support in schools for children with particular conditions (eg asthma, diabetes, epilepsy).

- **Students** - with medical conditions will often be best placed to provide information about how their condition affects them. They should be fully involved in discussions about their medical support needs and contribute as much as possible to the development of, and comply with, their individual healthcare plan. Other students will often be sensitive to the needs of those with medical conditions.

- **Local authorities**– are commissioners of school nurses for maintained schools and academies. Under Section 10 of the Children Act 2004, they have a duty to promote co-

operation between relevant partners, with a view to improving the wellbeing of children with regard to their physical and mental health, and their education, training and recreation. Local authorities should provide support, advice and guidance, including suitable training for school staff, to ensure that the support specified within individual healthcare plans can be delivered effectively. Local authorities should work with schools to support students with medical conditions to attend full time. Where students would not receive a suitable education in a mainstream school because of their health needs, the local authority has a duty to make other arrangements. Statutory guidance for local authorities sets out that they should be ready to make arrangements under this duty when it is clear that a child will be away from school for 15 days or more because of health needs (whether consecutive or cumulative across the school year).

- **Providers of Health Services** – should cooperate with schools that are supporting students with a medical condition, including appropriate communication, liaison with the School Nurse and other Healthcare professionals such as specialist and children's community nurses, as well as participating in locally developed outreach and training. Health services can provide valuable support, information, advice and guidance to schools and their staff to support children with medical conditions at their school.

- **Clinical commissioning groups (CCGs)** 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 co-operate 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).

- **Ofsted** – their inspection framework places a clear emphasis on meeting the needs of disabled children and pupils with SEN, and considering the quality of teaching and the progress made by these pupils. Inspectors consider the needs of pupils with chronic or long-term medical conditions alongside these groups and report on how well their needs are being met.

Named staff will follow agreed procedures as detailed below.

Procedures

Where a student has a long term medical need a healthcare plan will be drawn up with Parents/Guardians and, where appropriate, healthcare professionals. DfES guidance is that *“the head and staff should always treat medical information confidentially. The PGO should agree with the child where appropriate, or otherwise the parent, who else should have access to records and other information about a child. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith”*. Some information may be shared, where necessary, with key staff to ensure the best needs of the student are met should any issue arise during the course of the school day, off-site visits, trips etc. Additionally, all trained first aid staff will have access to the records containing the students' health care plan.

Controlled Drugs

- The supply, possession and administration of some medicines is controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medication for use by children e.g. methylphenidate. Appendix 7 lists some controlled drugs that may be encountered in school – this is not definitive and may be added to.

- Any member of staff who may administer a controlled drug may legally have it in their possession. It is legal for a school to look after a controlled drug for the student for whom it may be prescribed.
- A student who is prescribed a controlled drug may legally have it in their possession. It is legal for a school to look after a controlled drug, where it is agreed that it will be administered to the student for whom it has been prescribed.
- Controlled drugs must be kept in a lockable, non-portable container. Only named staff should have access to these medicines.
- Misuse of a controlled drug, such as passing it to another child for use, is an offence. The ladder of consequences will be applied if this is discovered.

Prescribed Medicines

- Each item of medication must be delivered to the authorised person, in normal circumstances by the parent/guardian, **in a secure and labelled container as originally dispensed**. Each item of medication must be clearly labelled with the following information:
 - Student's Name.
 - Name of medication.
 - Dosage.
 - Frequency of administration.
 - Date of dispensing.
 - Storage requirements (if important).
 - Expiry date.
- **The school will not accept items of medication in unlabelled containers.**
- Prescribed medicines should not be carried by students on their person **except where they must have immediate access to the medication** e.g. inhalers, epi-pens etc.
- Medicines will be stored securely in a locked cupboard in Attendance with the child's file.
- Medicines will only be administered when all of the relevant forms have been completed (appendices) by a first aider; typically a PGO or member of Attendance staff. The administering of the medication will be logged on Appendix 4, which will be kept in the student's file. If they are checking blood sugar, it will be logged on Appendix 4a.
- Medicines will only be accepted into Bedford High School that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber in the original packaging and include the prescriber's instructions for dosage and administration.
- **No medicines will be accepted that have been taken out of the container as originally dispensed nor will changes be made to prescribed dosages on parental instructions.**
- All medicines should have any spoons or droppers with them if they are required.
- Medicines will be stored in a locked cabinet during the day (or in a fridge where necessary)
- Access to, and the dispensing of, prescribed medicines will be by **named staff only, except in emergency, see list of trained staff (see appendix). In an emergency, any first-aider may administer medication (eg an epi-pen) under guidance of the PGO linked to the healthcare plan.**
- It is the responsibility of the student to report to Attendance staff at an agreed time for their medication.

- Should any student refuse to take their medicine they will not be forced to do so but this will be noted in the records and school will make every effort to contact parents to inform them of this.
- Records will be kept of all administration of medicines. These will be available for parents/guardians on request.
- Where possible parents should try to obtain two prescriptions: one for use at home and one for school.
- Any medication that is finished or out of date will need to be collected by the parent/guardian or the school may dispose of it after 7 days. Medicines should also be collected at the end of every term. Medicines will **not** be handed to a student except where agreed under self-management conditions.

Non-Prescribed Medicines

In addition to the above procedures the following will also apply to the storage and administration of non-prescribed medicines.

- **Under no circumstances will any student at Bedford High be given Aspirin or any medicine containing Ibuprofen unless prescribed by a Doctor. Should school discover any such medicines they will be held securely and parents/carers will be contacted**
- Non-prescribed medicines will only be administered by prior agreement and with specific, written authorisation from a parent/carer
- Medicines should be brought into school by an appropriate adult and handed directly to a PGO. Students must not carry on their person non-prescribed medicines
- Non-prescribed medicines will only be accepted if they are in their original packaging

Off-site visits

- Students with medical needs are not normally exempt from participating in off-site visits such as day trips and residential visits (including those abroad), providing reasonable adjustments can be made to enable the student with medical needs to participate safely
- Supervising staff will be aware of relevant procedures to follow in case of any emergency and a copy of any health care/medication plan will be taken
- Parental views and/or medical advice should be sought where any concern exists over the safety of the student concerned or that of others
- These procedures must be included in any planning for off-site activities
- All medicines must be kept in secure storage and access restricted to nominated staff

Healthcare Plans

When compiling an individual health care plan, the following will be considered:

- the medical condition, its triggers, signs, symptoms and treatments;
- the student'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 student'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 students 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 headteacher 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 health care plan.

Staff Training

Any member of school staff providing support to a student with medical needs should have received suitable training which has been identified during the development or review of individual healthcare plans. Some staff may already have some knowledge of the specific support needed by a child with a medical condition and so extensive training may not be required. Staff who provide support to students with medical conditions should be included in meetings where this is discussed.

The relevant healthcare professional should normally lead on identifying and agreeing with the school the type and level of training required, and how this can be obtained.

Training should 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. They will need an understanding of the specific medical conditions they are being asked to deal with, their implications and preventative measures.

Staff must not give prescription medicines or undertake healthcare procedures without appropriate training (updated to reflect any individual healthcare plans) – see above

A first-aid certificate does not constitute appropriate training in supporting children with medical conditions.

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

As part of ongoing CPD, staff will be made aware of the school's policy for supporting students with medical conditions and their role in implementing that policy. Induction arrangements for new staff will be included. The relevant healthcare professional should be able to advise on training that will help ensure that all medical conditions affecting pupils in the school are understood fully. This includes preventative and emergency measures so that staff can recognise and act quickly when a problem occurs.

Emergency Procedures

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and detail what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other students in school should know what to do in general terms if they think help is needed by informing a teacher.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. School must ensure that the correct information is provided to the emergency services to ensure they know of the correct location of the school and A&E.

Auto-Adrenaline Injectors (AAI's) or 'Epi-Pens'

- Spare AAI's are stored in grab bags in The Hive and Attendance. The school stores three levels of strength epi-pens. They are disposed of in the sharps box as per any other needle.
- A register of students who have been prescribed AAI's is kept in the medicines file (Appendix 1 and Appendix 3).
- Written consent is sought from the student's parent/legal guardian for use of the spare AAI's, as part of a pupil's individual healthcare plan (again, recorded on the Appendix 1 form)
- AAI's should only be used in cases where the student has both medical authorisation and written parental consent.
- Appropriate support and training is given to staff in the use of the AAI.
- A record of use of any AAI's, and a note that the student has been administered an AAI is all recorded in the medicines file. This should also state whether this was the school's spare AAI or the pupil's own device. Recorded on Appendix 4 form.

Defibrillators

Sudden cardiac arrest is when the heart stops beating and can happen at any age and without warning. When it does happen, quick action in the form of early CPR and defibrillation can help save lives. The defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Staff members appointed as first aiders are already trained in the use of CPR. The U Block defibrillator is located in Attendance and the L Block defibrillator can be found in the foyer adjacent to ICT support. It can be used by any member of staff as fail-safe instructions on use are provided with the machine.

Complaints

In the event that a parent or guardian is dissatisfied with the support provided, concerns should initially be directed to the school.. If this does not resolve the issue, a formal complaint may be made via the school's complaints procedure.

Managing Students with Medical Conditions Policy

Appendices

- Appendix 1 - Health Care Plan for long term/chronic illness
- Appendix 2 - Parental agreement for school to administer medicine for short term illness or injury
- Appendix 3 - Head Teacher agreement to administer medicine
- Appendix 4 - Record of medicines administered to all students
- Appendix 4a - Record of medicines administered to all students - Insulin Record
- Appendix 5 - Staff training record - administration of medicines
- Appendix 6 - Administration of Medicines - Named Staff

Medicines Policy Appendix 1 - Individual Healthcare Plan

Use with Appendix 3 or 4 or 4a

Name:	DOB:	Tutor Group
Parent/carer name:	Relationship to child:	Date written:
Tel no home:	Work:	Mob:

Medical condition <small>Including signs, symptoms triggers</small>	Medication: Name:	Procedures <small>Including support required in school to manage the condition and other daily requirements</small>	Emergencies What constitutes and emergency, procedures and actions to be taken
	Dose: Method of administration: Side effects/contraindications		
Arrangements for School trips:		Clinic/hospital contact details:	
Staff training needs:		Form copied to:	

Signed by School nurse..... Date.....

Signed by staff member Date.....

Signed by Parent/carer..... Date.....Review date.....

Appendix 2 - Parental agreement for school to administer medicine for short term illness or injury

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that the staff can administer medicine.

Name of School	Bedford High School	
Child's Name		
Form		Date of Birth
Medical Diagnosis/Condition		
Medicine Name & strength of medicine <i>(as described on the container)</i>		
Date dispensed		Expiry Date
Agreed review date to be initiated by		
Dosage and method		
Timing		
Special Precautions		
Any known side effects		
Number of tablets/quantity to be given to school		
Note: Medicines must be in the original container as dispensed by the pharmacy		
Self-administration	Yes/No	Supervised
Procedures to take in an emergency		
Contact Details		
Name/Relationship to child		
Telephone		
Address		

I understand that I must deliver the medicine personally to

PGO or Pastoral Manager for Year _____

I understand this is a service the school is not legally obliged to undertake.

I understand that I must notify the school of any changes in writing.

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

Date _____ Signature(s)

Appendix 3 – parental agreement for student to carry his/her own medicine, epi-pen or inhaler

This form must be completed by parent/guardian

If staff have any concerns discuss this request with healthcare professionals or the DSL

Name of school	Bedford High School
Child's name	
Group/class/form	
Address	
Name of medicine	
Procedures to be taken in an emergency	

Contact Information

Name	
Daytime phone no.	
Relationship to child	

I would like my son/daughter to keep his/her medicine on him/her for use as necessary. I will inform the school if there are any changes to my son/daughter's medicine requirements.

Signed _____

Date _____

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

Appendix 5 - Staff training record – administration of medicines

Name of school/setting	<input type="text"/>
Name	<input type="text"/>
Type of training received	<input type="text"/>
Date of training completed	<input type="text" value="/"/> <input type="text" value="/"/> <input type="text"/>
Training provided by	<input type="text"/>
Profession and title	<input type="text"/>

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [please state how often].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date _____

Appendix 6 - Administration of medicines – Named Staff

The following staff are defibrillator-trained and authorised to administer medicines to students as indicated. No other member of staff should administer any medicines unless in extreme emergency.

Mrs C Green	PGO Year 7
Mrs L Aaron	PGO Year 8
Mrs H Haselden	PGO Year 9
Mrs S Walsh	PGO Year 10
Miss E Darbyshire	PGO Year 11
Mrs J Seaton	Attendance
Mrs S Ellison	Attendance

Dear Parent or Guardian,

As you will know, the school sends out a data collection form annually to ensure your child's records are kept up-to-date in school. The data collection sheet includes space to note any medical conditions or allergies your child has.

If your child has any of the following, it is important that an Individual Healthcare Plan is completed:

- an allergy which may place them at risk of becoming unwell in school
- a medical condition, such as diabetes, which relies upon regular checks and self-administered treatment
- an epi-pen or inhaler that they carry
- any medication which needs to be given during the school day

It is your responsibility to complete a new plan every year, even if your child's circumstances haven't changed. A copy has been attached for your convenience, so if any of the above apply, please complete it and pass to your child's PGO as soon as possible. It may be that we will need further information, and if we do, we will contact you. School keeps the form securely on file and if medicines are stored or given in school, this is also recorded.

If your child has an allergy to a substance they are likely to come into contact with (eg, peanut, dairy etc) it is very important that they inform their circle of friends of their condition and the triggers. They can then ensure they prevent any unnecessary risk while in school together.

Yours Sincerely,

Mrs B Moss
Deputy Headteacher