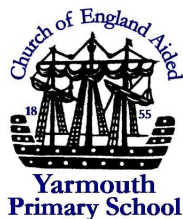


Medicine Policy



YARMOUTH C OF E (AIDED) PRIMARY SCHOOL MEDICINE POLICY

Introduction

This policy is designed to enable us to have management systems to support individual children with medical needs.

Children with Medical Needs

Children with medical needs have the same rights of admission to a school or setting as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy or cystic fibrosis.

Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

Most children with medical needs can attend school or a setting regularly and take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk.

An individual health care plan can help staff identify the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk. Detailed advice on how to develop a health care plan is set out in Chapter 4 of 'Managing Medicines in Schools and Early Years Settings.'

Access to Education and Associated Services

Some children with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995. The DDA defines a person as having a disability if he has a physical or mental impairment, which has a substantial and long-term adverse effect on his abilities to carry out normal day-to-day activities.

Under Part 4 of the DDA, Governing Bodies **must not** discriminate against disabled pupils in relation to their access to education and associated services - a broad term

Medicine Policy

that covers all aspects of school life including school trips and school clubs and activities. Schools should be making reasonable adjustments for disabled children including those with medical needs at different levels of school life and for the individual disabled child in their practices and procedures and in their policies.

At Yarmouth we will make sure that all children whatever their needs will be able to access the school building and the curriculum. A strategy plan will be put into place when this is necessary.

The National Curriculum Inclusion Statement 2000 emphasises the importance of providing effective learning opportunities for all pupils and offer three key principles for inclusion:

Support for Children with Medical Needs

Parents have the prime responsibility for their child's health and should provide schools and settings with information about their child's medical condition. Parents, and the child if appropriate, should obtain details from their child's General Practitioner (GP) or paediatrician if needed. The school doctor or nurse or a health visitor and specialist voluntary bodies may also be able to provide additional background information for staff.

The school health service can provide advice on health issues to children, parents, education and early years staff, education officers and Local Authorities, Early Years Development and Childcare Partnerships and we at Yarmouth should work together to make sure that children with medical needs and school and setting staff have effective support.

There is no legal duty for us as a school to administer medicines. The Headteacher will arrange who should administer medicines within a setting, either on a voluntary basis or as part of a contract of employment.

Staff managing the administration of medicines and those who administer medicines should receive appropriate training and support from health professionals.

Some children and young people with medical needs have complex health needs that require more support than regular medicine. If this is the case it is important to seek medical advice about each child and young person's individual needs.

All children who have a medical need - a medical plan Form 2 will be put into place.

Medicine Policy

Procedures for Managing Prescribed Medicines, Which Need to be Taken during the School Day

Prescribed Medicines

At Yarmouth we will only administer medicines that are essential where it would be detrimental to a child's health if the medicine were not administered during the school or setting 'day'. We will only accept medicines that have been prescribed by a doctor, dentist or nurse prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

We will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies, which enable it to be taken outside school hours. Parents could be encouraged to ask the prescriber about this. For example, for medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations (See Annex A). Some may be prescribed as medication for use by children, e.g. methylphenidate.

Any authorised member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

A child who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.

Schools and settings should keep controlled drugs in a locked non-portable container and only named staff should have access. A record should be kept for audit and safety purposes.

A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the

Medicine Policy

local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

Misuse of a controlled drug, such as passing it to another child for use, is an offence. Schools should have a policy in place for dealing with drug misuse.

A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

Short-Term Medical Needs

Many children will need to take medicines during the day at some time during their time in school or setting. This will usually be for a short period only, perhaps to finish a course or antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent. However such medicines should only be taken to school or an early years setting where it would be detrimental to a child's health if it were not administered during the school day. To us at Yarmouth g this is when medicines need to be given at least 4 times a day.

Long- Term Medical Needs

It is important to have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school or a setting. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

The Special Educational Needs (SEN) Code of Practice 2001 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child's educational needs rather than a medical diagnosis that **MUST** be considered.

At Yarmouth we will make sure from parents that we know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a written health care plan for such children, involving the parents and relevant health professionals.

Medicine Policy

Form 2 will be completed and Form 5 ongoing used.

Administering Medicines

No child under 16 should be given medicines without their parent's written consent. Any member of staff giving medicines to a child should check:

- The child's name
- Prescribed dose
- Expiry date
- Written instructions provided by the prescriber on the label or container

If in doubt of any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school or setting.

We will keep records of each time the medicines are given (see form).

Self Management

At Yarmouth we feel it is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age and school should encourage this. The parents will also give permission for this, (see form 7). Also Form 5 will be completed by a staff member to check if administered. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines, in conjunction with parents, and to take responsibility.

Older children with long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

Refusing Medicines

Initials.....Date.....

Page 5

Medicine Policy

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures may either be set out in the policy or in an individual child's health care plan. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

Record Keeping

Parents should tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However staff should make sure that this information is the same as that provided by the prescriber.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:

- Name of child
- Name of medicine
- Dose
- Method of administration
- Any side effects
- Expiry date

It may be helpful to give parents a form similar to Form 3A to record details of medicines in a standard format. Form 4 by the Headteacher or teacher in charge. Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.

Form 5 could be used to confirm with parents, that a member of staff will administer medicine to their child.

We will keep written records of all medicines administered to children, and make sure that parents sign the record book to acknowledge the entry.

Educational Visits

At Yarmouth we will endeavour to ensure that whatever a child's medical needs are they can participate fully and safely on visits. A risk assessment will be put into place and medical plan formed to do so; if we require it we will seek advice from doctors or medical staff.

Medicine Policy

If additional safety measures are required for outside visits i.e. an additional supervisor, a parent or another volunteer might be needed to accompany a particular child on arrangements for taking any necessary medicines. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedure. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

If staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP. See DfES guidance on planning educational visits.

A named person will be in charge.

Sporting Activities

Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures and plan will be formed if required.

November 2009

This policy was reviewed and agreed by the Governing Body.

Signed:

Date:

Review Date: