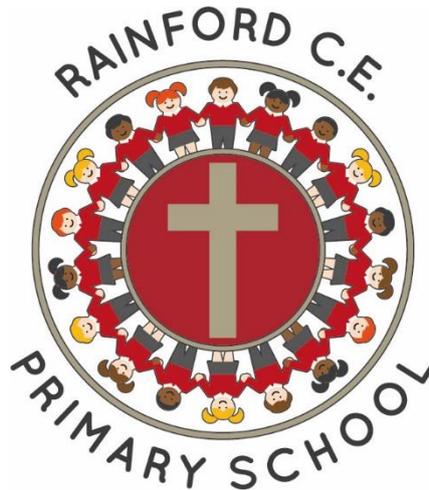


RAINFORD CHURCH OF ENGLAND PRIMARY SCHOOL AND RAINDROPS PRESCHOOL



'Learning and growing together to achieve our best in the Love of God'

Medicines Policy and Procedures

For approval by CDCS: 20th June 2017

To be reviewed on or before: Summer 2020

Signed..... Chair of CDCS Committee

Signed..... Headteacher

To be approved: June 2017
Review period: tri-annually

Reviewed by: AR

Status: Active

Medicines Policy and Procedures

Our Mission Statement

'Learning and growing together to achieve our best in the Love of God'

School Aims

In order to prepare today's children for tomorrow's challenges, Rainford CE Primary Schools aims to achieve the following:

- Every child will be encouraged to understand the meaning and significance of faith, experience God's love and develop the spirituality to enable them to live out our Christian values of love, joy, peace, friendship, forgiveness, perseverance and justice
- Every child will achieve their full potential through being a highly motivated, resilient and independent learner who embraces new experiences, has confidence to tackle challenges and go onto develop a lifelong love of learning.
- Every child will value themselves as a unique individual with special qualities and strengths developing self-discipline and honesty; taking responsibility for their own actions and appreciating their ability to make a positive difference in the world.
- Every child will appreciate and respect others, celebrate differences between individuals and groups and respect and care for God's creation and the environment.
- Every child will be encouraged to make healthy choices and appreciate the benefits of a healthy lifestyle.

In order to do this, we will constantly reflect the Christian ethos of our school in our relationships with our children, their families, our staff, the church and the wider community.

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1. INTRODUCTION

The Governors of Rainford Church of England Primary School, in line with the relevant legislation, support pupils with medical needs, including the administration of medication, when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day.

Although there is no legal duty that requires the school to administer medicines, the Governing Body recognises that appropriate policy and procedures will aid attendance for pupils who need essential medication during the school day. This document outlines the policy of the Governing Body and the procedures for managing medicines in school.

2. RESPONSIBILITIES

Parents

Parents have prime responsibility for their child's health and must provide all relevant information regarding their child's medical needs. Clear, written parental agreement (Form 2) must be gained prior to any medication being administered. Parents must supply the medication in the original container with the original dispensing label. Parents cannot request a change in dosage from that on the dispensing label. Any prescribed changes to the dose must be communicated to the school by completion of another Form 2. Parents are responsible for replenishment/disposal of their child's medication.

Headteacher

The Headteacher will ensure the policy of the school is communicated to staff and parents. The Headteacher will also ensure that staff are available and trained to administer essential medication. A record of the training provided will be kept on each individual staff member's training record. Medication will only be administered following the completion of Form 3a by the Headteacher. The Headteacher will ensure parents are informed in the case of adverse reactions to administered medicines.

Staff

Designated support staff will administer essential medication following the completion of Form 2 from the parents and Form 3a from the Headteacher. All staff involved in the administration of medicines will receive support and training from appropriate health professionals. All staff will complete Form 3b as a record of medicines administered and inform the Headteacher if there are any adverse reactions.

3. NON PRESCRIPTION MEDICINES

Under no circumstances will non prescribed medication be given to pupils during the normal school day. If a child suffers from regular or acute pain, parents should be encouraged to refer the matter to the child's GP.

4. PRESCRIPTION MEDICINES

Prescription medication will only be administered if prescribed by a doctor, dentist, nurse practitioner or pharmacist practitioner and in the original container with the original dispensing label.

Short Term Medical Needs

Many children will need to take medicines during the day at some time. This will usually be for a short period only, e.g. finish a course of antibiotics or to apply a lotion. In order to minimise absence, assuming the parents/Headteacher have completed the appropriate forms, medicines will be administered. However, such medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the school day.

Long Term Medical Needs

The school supports children with long term medical needs to ensure their condition does not have a significant impact on a child's experiences and the way they function. This support will be outlined by way of an Individual Health Care Plan (Form 1).

5. PROCEDURES

Prescribed medicines and controlled drugs must always be taken to the Main Office for safe custody and will be stored securely in line with manufacturer's recommendations.

Administering Medicines

No child of compulsory school age will be given medicines without their parent's written consent on Form 2.

Any member of staff giving medicines to a child should check:

- The child's name
- Name of the medicine
- Prescribed dose
- Method of administration
- Time/frequency of administration
- Any side effects
- Expiry date
- Written instructions provided by the prescriber on the label or container.

If in doubt about any procedures staff should not administer the medicines but check with the parents or health professional before taking further action.

Self Management

Some children can take their medicines themselves; therefore staff would only supervise the process. Asthmatics are encouraged, whenever possible, to self manage and carry their own medicines.

Refusing Medicines

If a child refuses to take their medicine, parents will be informed immediately. If this refusal results in an emergency, the school will follow emergency procedures.

Record Keeping

Checks will be made against the completed Form 2 and the dispensing label to ensure the information is the same. A check will also be made that a Form 3a has been completed. Although there is no legal requirement for schools to keep records of medicines given to pupils and the staff involved, records offer protection to staff and proof that they have followed agreed procedures. The reverse of Form 3a (Form 3b: Record of medicines administered to children) will be used for this purpose.

Educational Visits

The school encourages children with medical needs to participate in safely managed visits. Reasonable adjustments will be made whenever possible to enable children to participate fully and safely on visits. A risk assessment will be undertaken for such children. For visits which include an overnight stay, children who have parental consent through the Educational Visits Form may be given, at the visit organiser's discretion, paracetamol or ibuprofen.

Sporting Activities

Most children with medical conditions can participate in physical activities and extracurricular sport. There is sufficient flexibility for all children to follow in ways appropriate to their own abilities. All adults will be aware of issues of privacy and dignity for children with particular needs. Any restrictions on a child's ability to participate in PE will be recorded in their individual health care plan. Some children may need to take precautionary measures before or during exercise, and may also need to be allowed access to their medicines, e.g. asthma inhalers. Staff supervising sporting activities will consider whether a risk assessment is necessary for each particular need. They will also be made aware of relevant medical conditions, any preventative medicine that may need to be taken and the school's emergency procedures.

6. 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 trips, eg by requiring parents to accompany the child.

7. COMPLAINTS

Should parents or pupils be dissatisfied with the support provided they should discuss their concerns directly with the school. If for whatever reason this does not resolve the issue, they may make a formal complaint via the school's complaints procedure.

This policy also applies to Breakfast Club and After School Club.

This policy takes account of:

Guidance 'Implementing the Disability and Discrimination Act in Schools and Early Year Settings'- 2006.

DFE: Special educational needs and disability code of practice: 0 to 25 years- January 2015

DFE: Statutory Guidance on the support of pupils with medical conditions in school – September 2014

Equality Act 2010

RAINFORD C.E. MEDICAL CARE PLAN



Picture of child

My name:

Class:

Date:

Description of my medical problems (including dietary needs) and possible triggers:

Medication held in school for me:

* Dosage:

* Side effects:

* Storage:

Who administers this medicine? (If I manage my own medication, who will monitor me?)

Signs my teachers need to look out for:

What my teachers must do if they see these signs:

What an emergency looks like for me:

In an emergency, my teachers should do the following:

Emergency contacts:

Key members of staff involved in my care:

Form 1b

RAINFORD C.E. MEDICAL CARE PLAN ADDITIONAL INFORMATION

Child's Name: _____ Is an EHCP in place? Y/N

Class: _____

Date: _____ Details of any SEN: _____

School staff that need to be aware of this care plan:

Name of Medical Condition:

Health professionals and services involved:

Has a separate care plan been provided by health care? Y/N

Key members of school staff and expected level of involvement:

Cover arrangements if key staff members are unavailable:

Identified training needs of staff:

Special arrangements needed for the pupil's educational, social and emotional needs (e.g. special consideration required during examinations, rest periods):

Is an individual risk assessment needed for offsite activities? Y/N

How does the pupil feel about the contents of the care plan? (Include pupil comments where possible):

Name of the person completing this form and their role:

I give permission for the content of this Medical Care Plan to be shared with relevant professionals. *

Signed: (Parent/Carer) _____ Date: _____

*If parental permission is not granted, for example for confidentiality reasons, please give details below:

Annual Review Date:

PARENTAL AGREEMENT FOR SCHOOL TO ADMINISTER MEDICINE

The school will not give your child medicine unless you complete and sign this form.

Name of child _____ Date of birth _____

Class _____ Doctor/Consultant _____

Medical condition or illness _____

Medicine Name/type of medicine (as described on container) _____

Date dispensed _____ Expiry date _____

Dosage and method _____

Duration: _____

Any other relevant information (e.g. side effects/special precautions)

Self administration Yes / No (please delete as appropriate)

I accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes by completion of a new form.

Short Term Medication

Signed _____ Date _____
(Parent/Guardian)

Long Term Medication

Signed _____ Date _____
(Doctor)

INDEMNITY

I am aware that my childneeds to take the medication mentioned above in school hours. I have provided the Headteacher with information about how the medication is to be administered and I undertake to ensure that the school has an adequate supply of the medication. I accept that as long as it is administered responsibly in accordance with the dispenser's instructions, then I will not hold the Headteacher , nor the LA, nor its servants or agents responsible in the event that my child suffers any adverse effect from the administration of the above medication.

Signed _____ Date _____

FORM 3a RAINFORD CHURCH OF ENGLAND PRIMARY SCHOOL
HEADTEACHERS'S AGREEMENT TO ADMINISTER MEDICINE

It is agreed that _____ (Child's name) will receive
_____ (quantity and name of medicine) every day at
_____ (time medication to be
administered, e.g. break/lunchtime).

_____ (Child's name) will be given/supervised whilst
he/she takes their medication by _____ (Name of
member of staff).

This arrangement will continue until _____ (either end
date course of medicine or until instructed by parents).

Signed _____

Print Name _____

Date _____

See separate Form 3b (Reverse of Form 3a)