



# *Broad Oak Primary School*

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## **Medicines Policy**

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**POLICY**

*Learning to live, loving to learn.*

*At Broad Oak we nurture today's minds for tomorrow's challenges. Working together we ensure every child has the potential to shine.*

*Together we Challenge **Aspire Nurture***

# **Access to Education for children and young people with medical needs and Medicines in School Policy**

## **Introduction**

Where learners have been prescribed medications by a doctor or other appropriately qualified health care professionals, it may be necessary for them to continue with the treatment in school. Our policy is to ensure that children who need medication during school hours have their special needs met in such a way that they retain the fullest access to the life and work of the school. This policy sets out how the school will establish safe procedures. Staff should not, as a rule, administer medication without first receiving appropriate information or training. Staff who administer medication will be covered by the LA's indemnity policy within the stated conditions. The safety of staff and pupils must be considered at all times. If good quality education is to be provided, proper communication and co-operation between the school, the pupil's parents/carers, and Lancashire Education Medical Service (LEMS) is essential and should be based on a clear school policy for pupils who are unable to attend school because of their medical needs. The guidance recommends that a school policy should be in writing and that schools might wish to include a reference to the policy, or a copy of the policy itself, in the school's prospectus. It is suggested that schools might also wish to consider how they could most effectively obtain the views of pupils themselves with regard to the preparation and implementation of such a policy.

This model policy has been put together by a small group of school-based colleagues and LEA Officers. Schools are at liberty to amend the details of the model policy or to develop an alternative policy if they so wish. Broad Oak Primary School has decided not to amend the policy.

## **THE LEMS SERVICE**

The LEA makes provision for such pupils through the Lancashire Education Medical Service (LEMS) which is a centrally managed support service, designated a Pupil Referral Unit in accordance with the advice contained in the "Access to Education" document.

Temporary part-time provision is made for pupils until they are able to return to school and this provision is usually:

- In a hospital setting
- In a small group at a LEMS centre
- In the pupil's home (only in exceptional cases)

LEMS teachers liaise with the school at which the pupil is currently on roll in order to ensure continuity with the work being undertaken by their peers. This enables pupils to make a successful return to school when they are well enough to do so and LEMS will assist the school in planning a re-integration programme at the appropriate time.

LEMS Key Stage 3 and 4 teachers are subject specialists.

## **Objectives**

(a) In line with its belief that all pupils have an entitlement to education and a right to make progress the school will monitor pupil attendance and will inform the Education Welfare Service of those instances where a pupil has an authorised absence owing to long-term illness.

The school recognises that a pupil may not be removed from the school roll for reasons of ill health.

(b) Where a pupil's absence from school is likely to last for 15 working days or less and is not part of a pattern of recurring illness the school will provide the pupil with homework as soon as he/she is able to cope with it.

(c) If a pupil has been absent for more than 15 working days, or if it is known in advance that the pupil will be absent from school for more than 15 days, the school may refer the pupil to LEMS using the agreed referral procedure. A referral to LEMS comprises:

1. A completed referral form;
2. The name of the school contact person
3. A supporting letter from the pupil's consultant
4. Any hospital consultant
5. The Consultant Community Paediatrician or Associate Specialist.
6. Consultant Child and Adolescent Psychiatrist and the local Child and Adolescent Mental Health Services Team.
7. In the case of a pregnant girl the midwife may refer with the expected date of confinement

If the GP refers to a consultant but is aware that there may be a wait before the child will be seen then he or she may send a referral to LEMS accompanied by a letter stating his or her opinion that the pupil will need LEMS support together with a copy of the referral to the consultant.

The Area Manager will consider the referral and may accept it on condition that, if the consultant does not support the referral, LEMS provision will cease.

(d) The school recognises its responsibility to monitor and follow up causes of pupil absence. In the case of a continued absence from school, parents should provide the school with a confirmatory letter of support from the referrer as defined in (c) above.

(e) If a pupil is absent owing to a recurring chronic\* (see footnote below) condition an immediate contact with LEMS will be made by the school in order to ensure that the pupil can be provided with education as soon as is practicable. This will be incorporated into the pupil's medical care plan.

(f) In situations where pupils have medical needs which may affect their access to education the school has nominated Mrs Sutton (SENCO) 01772 749511 to facilitate communication between the school, the pupil, the pupil's parents/carers and other agencies. Mrs Sutton or her representative will be available to attend review meetings and/or case conferences as appropriate. The school will keep the Education Welfare Officer informed and involved.

(g) The school will also consider the need for initiating processes under the terms of the SEN Code of Practice and of the LEA's assessment criteria where this appears to be in the pupil's best interest

(h) Once a pupil has been accepted by LEMS the Service will plan with the school how best to ensure continuity of educational provision. Plans for re-integration will also be considered at this stage. Effective liaison is particularly important for those pupils working towards public examinations. Pupils will receive school publications and be kept informed of social events.

(i) Where a pupil is likely to be absent from school for more than 15 working days and in those cases where a pupil has a recurring chronic\* (see footnote) condition, the school will involve LEMS in the pupil's medical care plan.

(j) The school will provide information about the pupil's attainment and achievement including SATS, estimated grades and Progress Files. The curriculum for individual pupils will be arranged by school in liaison with LEMS as quickly as possible in order to facilitate the continuity of a suitable education programme. All relevant materials, including texts, will be provided to enable the LEMS teachers to cover the syllabus/scheme of work.

(k) The school will explore with LEMS any initiatives which could lead to the provision of high quality on-line learning materials which are either free or at low cost, e.g. e-mails, CD-ROMs.

(l) Where a pupil has non-teaching support defined in a statement of SEN, either in the form of funding or personnel, then that provision will accompany the pupil when LEMS provision is expected to be required for more than 10 weeks. It may be, in the case of personnel, more practicable to provide funding rather than the person.

(m) The school will make contact with the Connexions, Lancashire if there is a need for the involvement of a Connexions Personal Adviser with the pupil concerned. LEMS colleagues will liaise with the Personal Adviser to ensure that the pupil receives appropriate support.

(n) The school recognises the key role it can play in ensuring the successful reintegration of pupils returning to school following a period of illness or hospitalisation. Therefore, with advice from LEMS, the school will:

- ensure that any reintegration plan is fully carried out;
- work with all agencies to support smooth transition;
- ensure that a pupil's educational needs are appropriately addressed;
- ensure that pupils are entered for appropriate examinations;
- ensure that peer groups are involved in supporting the pupil's reintegration;
- consider exempting pupils from the full range of National Curriculum arrangements on a temporary basis whilst they readjust to normal school life.
- continue to liaise with Lancashire Education Medical Service to provide follow up information.

\*'Chronic' is used here to indicate that the pupil has a condition which will persist throughout most of their school life. E.g. Cystic Fibrosis.

#### PUPILS WITH A STATEMENT FOR SPECIAL EDUCATIONAL NEEDS

If LEMS provision for a statemented pupil is required for longer than 10 weeks, the school will call an interim review and invite LEMS and a member of the SEN team to attend.

(o) To keep medication safe in school.

(p) To ensure that children who need to take medication while they are in school have their needs met in a safe and sensitive manner.

(q) To make safe provisions for the supervision and administration of medication in school time.

#### Strategies

1. Only medication prescribed by a doctor, or authorised health care worker, will be administered in school if the dosage is 4 times or more a day.
2. Schools and settings should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.
3. Only first Aid trained members of staff that have been authorised by the Head teacher may supervise and administer medication. In emergency, the Head teacher will make appropriate

alternative arrangements. In some circumstances, as determined by the Head teacher, a child's parents or qualified, specialist, nursing staff may be asked to visit school to administer the medication.

4. Parents must visit the school to discuss what is being requested and to agree the procedures proposed by the school.
5. Medication must be sent into school in its original container.
6. Medication will be kept safely according to the instructions on its container. Where medication needs to be kept in a refrigerator the Head teacher will decide how it is to be stored.
7. When pupils needing medication are on visits away from school, the school will do its best to see that, as far as possible, within the available resources, special arrangements are made to allow the pupil to participate. This may mean that the child's parent will be requested to accompany them on such visits and outings.
8. The school has a system of recording medicines and dosages. All these are kept in the first aid file.
9. On trips and outings, the visit leader will be responsible for any medicines.
10. Any non-prescribed medicines cannot be administered by school staff.
11. Any non-prescribed creams e.g. sun cream, lip balm, barrier cream, can be applied before school but must not be brought into school.
12. Care plans are completed for any child within the school who requires one in consultation with medical agencies and parents. Copies are kept in a separate file.
13. All inhalers are kept in the classrooms in a place known by the children. Older children are responsible for carrying their own inhalers if this is normal practice.
14. A list of up to date first aiders is displayed around school.
15. The school's emergency procedures are on display in the school office.

## Safe Practise

There is no legal duty that requires school or setting to administer medicines. A number of schools are developing roles for support staff that build the administration of medicines into their core job description. Some support staff may have such a role in their contract of employment. Schools should ensure that they have sufficient members of support staff who are appropriately trained to manage medicines as part of their duties. Staff managing the administration of medicines and those who administer medicines should receive appropriate training and support from health professionals. Where employers' policies are that schools and settings should manage medicines, there should be an assessment of the risks to the health and safety of staff and others and measures put in place to manage any identified risks.

Any member of staff giving medication should check:

- Have written consent /instructions from parents (medical form 3 &5)
- Correct name on medicine
- Prescribed dose
- Dose Frequency
- Expiry date
- Cautionary Labels
- Have a witness

**Schools and settings should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.**

## **Non-Prescribed Medicines**

Staff should never give a non-prescribed medicine to a child unless there is specific prior written permission from the parents. Where the head agrees to administer a non-prescribed medicine it must be in accordance with the employers policy. Where a non-prescribed medicine to a child it should be recorded and the parents informed. If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP.

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

The Medicine Standard of National Service Framework (NSF) for children recommends that a range of options are explored including:

Prescribers consider the use of medicines which need to be administered only twice a day (where appropriate) for children and young people so that they can be taken outside school hours.

Prescribers consider providing two prescriptions, where appropriate and practicable, for a child's medicine: one for home and one for use in the school setting, avoiding the need for repackaging or relabelling of medicines by parents.

**A child under 16 should never be given aspirin-containing medicine unless prescribed by a doctor.**

## **Recording**

All settings involved with care must keep records of all medications given. Records should:

- State the Name of the child
- Name of Medication
- Expiry date
- The Dose needed.
- Route of administration
- Time Given
- Any side effects
- Witnesses

Remember that the person that administers the medication is responsible for the child once the medication is given this does not fall with the parent. Therefore all directions should be documented and all administration/refusal should be recorded.

*Remember if it's not in writing then in the eyes of the law it didn't happen.*

If a child refuses to take medication, staff should not force them to do so, but should note this in the records and follow agreed procedures. The procedures may be set out in an individual health care plan. Parents need to be informed of the refusal on the same day.

Equally as important records should show why medication wasn't given. For example Tablets being wasted by being dropped on the floor or being spat out.

### **Storing Medicines**

Staff should only store, supervise and administer medicine that has been prescribed for an individual child/ Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container it was dispensed. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. This should be easy if medicines are only accepted in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions.

Children should know where their own medicines are stored and who holds the key. The head is responsible for making sure that medicines are stored safely. All emergency medicines, such as Asthma inhalers and Adrenaline pens, should be readily available to children and should not be locked away.

A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. There should be restricted access to the refrigerator holding medicines.

### **Outcomes**

The school will do all that it can to ensure that children with medical and special needs will have as little disruption to their education as possible. It will make safe arrangements for the administration and keeping of medication and it will seek to ensure that sufficient members of staff are trained and confident to supervise and administer medication.

We are aware of the need to review our school's policies regularly so that we can take account of: new initiatives, changes in the curriculum, developments in technology etc.

This policy was written in November 2020 and was reviewed in November 2021.

To be reviewed as and when new guidelines are given or when a policy change is needed

Signed by:

Member of staff responsible for this policy:  
S. Briffett

Governor responsible for this policy:  
M. Dickinson