

*‘Growing together in the spirit of Christ’s love’*

# All Hallows Catholic High School



## Medicines Policy

Signed by:

Headteacher: Mrs A Cooper

Chair of Governors: Mrs L Kitto

Date: Autumn Term 2024

Review Date: Autumn Term 2025

## **1. MISSION STATEMENT AND AIMS**

*Our Mission statement reflects the beliefs and values we consider to be at the heart of our school – Growing together in the spirit of Christ's Love.*

*Our aim to create a community based on Christian values is always at the forefront of our work with the children.*

At All Hallows Catholic High School, we recognise that some children will have, at some time, a medical condition, which could affect their school attendance or participation in school activities. This may be short term (e.g. completing a course of prescribed medication) or a more long-term condition (e.g. diabetes), which, if not properly managed, could limit their access to school and the activities that are on offer.

The aims of the Medicines Policy are to:

- Enable regular attendance;
- Ensure there are effective management systems to support children with medical needs within school, in order that they receive appropriate care and support;
- Provide clear information on medicines in school and medicines safety to both staff and parents; and,
- Ensure there are formal systems and procedures in respect of storing and administering medicine within school.

## **2. ROLES AND RESPONSIBILITIES**

It is important that responsibility for child safety is clearly defined and that each person involved with children with medical needs is aware of what is expected of them. All Hallows will endeavour to co-operate closely with parents<sup>(1)</sup>, health professionals and other agencies to provide a suitably supportive environment for children with medical needs.

### **Parents**

It is the responsibility of parents to supply school with adequate information regarding their child's condition and medication. This information must be in writing, signed and current so that procedures for each individual child's medication are known.

Information will be updated annually at the beginning of each academic year, or earlier, if a GP or Consultant alters a child's medication. It is the responsibility of parents to inform the school if medication is prescribed or altered within an academic year. Parents must provide this information in writing and signed.

Parents are responsible for keeping their child at home when their child is acutely unwell.

(1) Where the term parent is used it should be taken as defined in Section 576 of the Education Act 1996, to include any person who is not a parent of a child but has parental responsibility for or care of a child. In this context, 'care of a child' includes any person who is involved in the full-time care of a child, but excludes babysitters, child minders, nannies and school staff. It requires only one parent to agree to or request that medicines are administered. As a matter of practicality, this will usually be the parent with whom the school has day-to-day contact.

## **Governing Body**

The Governing Body is responsible for setting the strategic direction of the school. This includes the establishment, monitoring and evaluation of policies, including the Medicines Policy.

The Governing Body is also responsible for making sure that staff have appropriate training to support children with medical needs and that this training is updated on a regular basis. It is also responsible for ensuring that there are appropriate systems in place for sharing information about a child's medical needs.

## **Lead Adult**

The Lead Adult is responsible for putting the Medicines Policy into practice on a daily basis and for developing appropriate procedures. Day-to-day decisions will normally fall to the Lead Adult. The Lead Adult at All Hallows Catholic High School is Mr R Adamson.

The Lead Adult will:

- Ensure that school staff receive the training they need to support children with medical needs, in liaison with the local authority, the Governing Body and the School Nurse Services;
- Ensure that all parents and staff are aware of the Medicines Policy and the procedures for dealing with medical needs;
- Ensure that appropriate systems for information sharing are followed;
- Agree with parents exactly what support can be provided at school (where parent expectations appear unreasonable, the Lead Adult will seek advice from the school nurse, the child's GP or other medical advisers and, where appropriate, the Governing Body and the local authority);
- Ensure Learning Managers who have children with medical needs in their year group are made aware of the nature of the condition, and when and where the child may need extra attention;
- Ensure that staff responsible for children at different times of the school day, for example, staff at lunchtime, are also provided with appropriate training information and advice;
- Arrange back-up cover when a member of staff responsible for administering medication and/or providing medical needs support is absent or unavailable;
- Organise liaison with voluntary organisations specialising in particular medical conditions in order to provide advice and information for staff on how to best support pupils with specific medical needs;
- Organise the provision of further information about a medical condition and specific training in administering a particular type of medicine/dealing with emergencies, where a Health Care Plan (see section 8 below) reveals the need for this for specific members of staff.

## School Staff

Staff caring for children have a common law duty of care to act like any reasonably prudent parent; they need to make sure that children are healthy and safe. In exceptional circumstances the duty of care could extend to administering medicine and/or taking action in an emergency. This duty also extends to staff leading activities that take place off site.

Apart from the above, there is no legal or contractual duty on staff to administer medicine or supervise a child taking it, although support staff may have specific duties to provide medical assistance as part of their contract.

## 3. ADMISSIONS

All Hallows Catholic High School recognises that children with medical needs have the same rights of admission to school as other children and cannot generally be excluded from school for medical reasons. In exceptional circumstances, where a child's presence at school represents a serious risk to the health and safety of others, the Lead Adult may send the child home that day, after consultation with the headteacher and parents. However, this is **not** exclusion and may need to be done for medical reasons.

## 4. NON-PRESCRIPTION MEDICINES

It is not recommended to allow students to carry paracetamol/non prescribed pain relief medication around the school with them. Where clinically possible, medicines should be taken outside of school hours. If, on occasion, a student needs to take a paracetamol for moderate pain relief, the designated staff will be happy to do this. At the beginning of the academic year, a consent form will be issued to all parents / guardians seeking permission for Paracetamol to be given to their child in the event of a headache or other moderate pain. In addition to this written permission, we will phone parents at the time to check that they are happy for us to give paracetamol, confirm the dosage and to ensure that they have not been given for a period of at least four hours from a previous dose. If we do not have your written permission the school will not administer paracetamol. The same parental consent will be required for other over the counter medication such as ibuprofen.

## 5. PRESCRIBED MEDICINES

Prescribed medicines will only be accepted within school when **essential**; that is where it would be **detrimental** to a child or young person's health if the medicine were not administered during the school day.

If parents wish to administer non-essential prescribed medication to their child during the school day, it is the responsibility of the parent to attend school and administer the medicine. Parents must inform the school of their intention to do so and agree a mutually convenient time, preferably during lunch break.

All Hallows Catholic High School will **only** accept essential medication that has been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

### Delivery of prescribed medicine

Ideally all items of prescribed medicine should be delivered to All Hallows Catholic High School by parents or responsible pupils.

On arrival at the school, parents/pupils should deliver the prescribed medicine to an authorised person. At All Hallows Catholic High School the authorised persons are:

- Named First Aid trained members of the school office

- School Business Manager
- Mrs A Cooper, Headteacher

Parents are asked to deliver the medication to the school office in the first instance, where they will be asked by the authorised person to sign a medication form.

Parents should ensure that each item of medicine is delivered in a **secure and labelled container, as originally dispensed**. The container must include the prescriber's instructions for administration, the child's name and the date of dispensing.

Parents are encouraged to discuss with prescribers the possibility of issuing a separate amount of medication for use in school. Where clinically appropriate, parents should note that it is helpful if medicines are prescribed in dose frequencies that enable it to be taken outside school hours. Parents are encouraged to ask the prescriber about this. For example, medicines that need to be administered three times a day could be taken in the morning, after attending school and at bedtime.

All Hallows Catholic High School is **unable** to accept prescription medication that has been relabelled or repackaged by parents. Items of medication in unlabelled containers will **not** be accepted and will be returned to the parent.

## 6. CONTROLLED DRUGS

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Controlled drugs are sometimes prescribed as medicine for children.

### Storage

At school, prescribed controlled drugs are stored in safe custody within the medical room (see Section 9: Medicines Safety below); each prescribed controlled drug is stored in a locked container inside a locked cupboard, which is clearly labelled with the child's name.

### Administration

Once appropriate information and training has been received, any member of school staff may administer a controlled drug to a child for whom it has been prescribed.

Staff administering such medicines will do so in accordance with the prescriber's instructions, following appropriate training, which will be organised by Mr Adamson.

Controlled drugs will be administered either in the Headteacher's office or in the Medical Room if this is free of pupils;

After a member of staff has administered a controlled drug to a pupil, he/she will immediately sign and date the record of administration form. Another member of the school staff will witness the administration process and will countersign the form. As controlled drugs need to be managed by adults only, pupils will not be permitted to carry controlled drugs in person or take them home in their bags.

### Disposal

Controlled drugs, as with all medicines, will be returned to the parent when no longer required. It is the parent's responsibility to arrange for the safe disposal of the medicine.

## **7. LONG-TERM MEDICAL NEEDS**

It is important for the school to have sufficient information about the medical condition of any child with long-term medical needs.

Parents are responsible for supplying the school with adequate information regarding their child's condition and medication. This information must be in writing, signed and current so that procedures for each individual child's condition and medication are known.

### **Updates to information**

The school will automatically request an annual update at the outset of each academic year, which parents are required to complete. However, the parent must inform the school in writing, signed if a GP or consultant alters their child's prescribed medication during the course of the academic year.

### **Health Care Plan**

Where a child has long-term medical needs, a written Health Care Plan will be drawn up in liaison with the School Nurse Service and, where appropriate, other relevant agencies/professionals. Please see the section on Health Care Plans below.

## **8. HEALTH CARE PLANS**

The main purpose of an individual health care plan for a child with medical needs is to identify the level of support needed.

We acknowledge that not all children who have medical needs will require an individual health care plan; a written agreement with parents may be all that is required. In the latter case, Form B: Parental agreement for setting to administer prescribed medicine must be completed and signed by the parent and handed in to the General Office.

Individual health care plans will clarify for staff, parents and the child the help that can be provided. Medical professionals will lead the writing of health care plans i.e. the child's GP, paediatrician, or other appropriate health professional, such as a nurse practitioner.

The Lead Adult will agree with the appropriate health care professional(s) and a child's parents, how often they should jointly review the health care plan. Normally, this will be annually but will ultimately depend on the nature of the child's particular needs; some health care plans may need reviewing more frequently.

Form A: Health Care Plan or an alternative provided by the designated health care professional will be used.

In addition to the input from the school health service, the child's GP or other health care professionals (depending on the level of support the child needs), those who may need to contribute to a health care plan include:

- the Lead Adult;
- the parent;
- the child;
- the Learning Manager;
- the support staff working with the child;
- staff who are trained to administer medicines;
- staff who are trained in emergency procedures.

The Lead Adult will ensure that information on individual children is shared with relevant staff and that all school staff that may need to deal with an emergency are kept fully informed.

## **9. MEDICINES SAFETY**

All medicines may be harmful to anyone for whom they are not appropriate. The Governing Body has a responsibility to ensure that, where medicines are administered at school, the risks to the health of others are properly controlled. This duty is set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH). The Lead Adult is responsible for ensuring that medicines are stored safely.

### **Storing medicines**

The school will not store large volumes of medicines; staff will only store, supervise and administer medicine that has been prescribed for an individual child and accepted as appropriate for administration at school.

Medicines will be stored in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed, clearly labelled with the name of the child, the name and dose of the medicine, and the frequency of administration; as dispensed by a pharmacist in accordance with the prescriber's instructions.

It is good practice for children to be made aware of where their medication is stored and who holds the key. All medicines including emergency medicines, such as asthma inhalers and adrenaline pens, will be stored in a locked filing cabinet within the school's medical room.

Some medicines need to be refrigerated. Such medicines will be stored in the medical room refrigerator. Access to the medical room refrigerator is restricted to staff only or to children accompanied by staff.

### **Disposal of medicines**

Staff will not dispose of medicines. Parents are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. If parents do not collect such medicines, they will be taken to a local pharmacy for safe disposal.

Sharps boxes will always be used for the disposal of needles. If a child requires a sharps box, it is the responsibility of the child's parents to obtain and supply this box to school. Parents should note that sharps boxes can be obtained on prescription from their child's GP or paediatrician.

### **Emergency Procedures**

As part of general risk management processes, All Hallows has arrangements in place for dealing with emergency situations. These are contained within the School Emergency Plan, and the school's Health & Safety and First Aid policies and provision.

The Lead Adult will ensure that all General Office staff know how to call the emergency services. Guidance on calling an ambulance is provided on Form F: Contacting Emergency Services. The Lead Adult will ensure a completed copy of Form 1 is situated next to the telephones within the General Office.

If a child is taken from school to hospital it will be by ambulance. Staff should never take children to hospital in their own car unless in an emergency situation authorised by the Headteacher. A member of staff will always accompany the child in the ambulance and stay

at the hospital until the parent arrives. At the hospital it is the health professionals who are responsible for any decisions on medical treatment when parents are not available.

Individual health care plans may contain instructions on how to manage a child in an emergency and the Lead Adult should ensure that these instructions are shared with staff as appropriate.

## **10. ADMINISTERING PRESCRIBED MEDICINES**

At All Hallows, staff will **never** give a child prescribed medicine without written parental consent. Parents will need to complete and sign Form B: Parental agreement for setting to administer prescribed medicine.

The Lead Adult will ensure that members of staff administering medicine to a child are trained to check the:

- Child's name is on the medicine container;
- Prescribed dose;
- Expiry date of the medication;
- Written instructions provided by the prescriber on the label or container and within the medication packaging including possible side effects.

If in any doubt about any aspect of administering specific medication to a particular child, the member of staff will not administer the medicine but will consult with the Lead Adult before taking further action. Where appropriate, the Lead Adult will discuss the issue with the parent and/or with an appropriate health professional.

Each time prescription medication is given to a child the record of medicine administered to an individual child will be completed. Where the prescription medication is also a controlled drug, either the above form or an alternative form – as determined by the health care plan - will be countersigned.

### **Self-Management**

At All Hallows, we acknowledge that it is good practice to support and encourage children, who are able to do so, to take responsibility to manage their own medicines. We also recognise the need to bear in mind that the age at which children are ready to take care of and be responsible for their own medicines will vary.

In some circumstances, such as the use of an inhaler to treat asthma, the child may carry and administer his/her own medication. In such cases, parents will be required to complete Form D: Request for child to carry his/her medicine. The form will be submitted to the Lead Adult, who will consult with appropriate health care professionals if they have any concerns. Parents must ensure that all medication is clearly labelled with their child's full name. Where it has been agreed that a child may administer their own medicine, a member of school staff will supervise the child.

### **Emergency inhaler**

The school keeps a supply of salbutamol inhalers for use in emergencies when a pupil's own inhaler is not available. These are kept in the school's emergency asthma kits.

Emergency asthma kits contain the following:

- A salbutamol metered dose inhaler
- Two plastic, compatible spacers
- Instructions on using the inhaler and spacer

- Instructions on cleaning and storing the inhaler
- Instructions for replacing inhalers and spacers
- The manufacturer's information
- A checklist, identifying inhalers by their batch number and expiry date
- A list of pupils with parental consent and/or individual healthcare plans permitting them to use the emergency inhaler
- A record of administration showing when the inhaler has been used

The emergency inhaler should only be used by pupils, for whom written parental consent has been received and who have been either diagnosed with asthma or prescribed an inhaler as reliever medication. Parental consent for the use of an emergency inhaler should form part of any pupil with asthma's individual healthcare plan.

When not in use, emergency inhalers are stored in the medical room in the temperate conditions specified in the manufacturer's instructions, out of reach and sight of pupils, but not locked away.

Expired or used-up emergency inhalers are returned to a local pharmacy to be recycled. Spacers must not be reused in school but may be given to the pupil for future home-use. Emergency inhalers may be reused, provided that they have been properly cleaned after use.

In line with the school policy, appropriate support and training will be provided for relevant staff, e.g. first aid staff, on the use of the emergency inhaler and administering the emergency inhaler. Whenever the emergency inhaler is used, the incident must be recorded in the corresponding record of administration and the school's records. The records will indicate where the attack took place, how much medication was given, and by whom. The pupil's parents will be informed of the incident in writing.

A designated staff member is responsible for overseeing the protocol for the use of the emergency inhaler, monitoring its implementation, and maintaining an asthma register.

The designated staff member who oversees the supply of salbutamol inhalers is responsible for:

- Checking that inhalers and spacers are present and in working order, with a sufficient number of doses, on a monthly basis.
- Ensuring replacement inhalers are obtained when expiry dates are approaching.
- Ensuring replacement spacers are available following use.
- Ensuring that plastic inhaler housing has been cleaned, dried and returned to storage following use, and that replacements are available where necessary

### **Adrenaline Auto Injectors (AAIs)**

The school will allow pupils who are capable of carrying their own AAIs to do so, provided that parental consent for this has been obtained. The school will ensure that spare AAIs for pupils are kept safe and secure in preparation for the event that the original is misplaced, unavailable or not working.

Spare AAIs are not located more than five minutes away from where they may be required. The emergency AAIs can be found at the following locations:

- Medical room

The school will ensure that risk assessments regarding the use and storage of AAIs on the premises are conducted and up-to-date.

Medical authorisation and parental consent will be obtained from all pupils believed to be at risk of anaphylaxis for the use of spare AAls in emergency situations. The spare AAls will not be used on pupils who are not at risk of anaphylaxis or where there is no parental consent. Where consent and authorisation h

Pupils' and spare AAls will be obtained, stored and administered in line with the school's Allergen and Anaphylaxis Policy.

### **Refusal**

If a child refuses to take medicine, the member of staff responsible for administering the medicine, will record this on the 'record of medicine administered form' and will immediately inform the Lead Adult. The Lead Adult will ensure that the child's parents are informed of the refusal on the same day.

If the refusal to take medicine(s) results in an emergency, the school's emergency procedures will be followed with due attention given to the procedures in the child's health care plan.

## **10. RECORD KEEPING**

It is the responsibility of the child's parents to inform the school about the medicines their child needs to take and to provide details of any changes to the prescription or the support required. The Lead Adult is responsible for ensuring that medical information and records are shared with staff as appropriate.

Members of staff administering medicines will check the prescriber's instructions, which should be provided in the original container sent to school (see Section 5: Prescription Medicines above).

In all cases it is necessary to check that written details include the:

- Name of child
- Name of medicine
- Dose
- Time/frequency of administration
- Expiry date
- Date of dispensing

Parents will be asked to complete and sign Form B: Parental agreement for the school to administer prescribed medicine as appropriate.

The school will keep a record of all medicine given to children to offer protection to staff and as proof that they have followed agreed procedures. The school will use the record of medication given form or an alternative form provided with a health care plan, as appropriate.

## **11. EDUCATIONAL VISITS**

Staff will take all reasonable steps and reasonable adjustments to try and ensure that educational visits are accessible to children with disabilities and/or medical needs. They will ensure that when included in an outdoor visit a child is not put at any substantial disadvantage.

All Hallows has adopted Lancashire County Council's Educational Visits Policy and Guidelines, which was written to comply with Health and Safety at Work Law. This document, with the accompanying forms and appendices, sets out the safety policy for off-site Educational Visits, participation in adventurous and outdoor activities, and the arrangements for the implementation of the policy.

In respect of individual cases where there are concerns, the Lead Adult will seek advice from the appropriate local authority technical advisers via the schools educational visit coordinator (EVC) – Miss A Consiglio

The Lead Adult will be available to discuss the proposed visit and planning process with relevant school staff, the parents and (wherever possible) the child as early as possible. The Educational Visits Coordinator will ensure that risk assessments cover the specific issues of the child with reasonable adjustments made and alternative activities considered where appropriate.

On all Type B visits, the Form 1B (Application to the Authority for Approval) and Form 5 (Risk Assessment) will clearly show that children with medical needs have been fully considered in the planning process and that any necessary reasonable adjustments have been made.

All staff and volunteers on the visit will be fully briefed and particularly if there are adjustments to the programme for the child(ren) that have any Special Educational Needs and/or medical needs. Staff will use the relevant planning forms (Form 2A for Type A visits and Form 2B for Type B visits).

If school staff are concerned whether they can provide for a child's safety, or the safety of other children on a visit, they will consult with the Lead Adult, who will ascertain parent views and seek advice from the School Health Service or the child's GP.

## **12. SPORTING ACTIVITIES**

The school acknowledges that most children with medical conditions can participate in physical activities and extra-curricular sport and will endeavour to ensure there is sufficient flexibility for all children to follow in ways that are appropriate to their own abilities. At All Hallows, we recognise that physical activity can benefit a child's overall social, mental and physical health and wellbeing.

Any restrictions on a child's ability to participate in Physical Education will be recorded in his/her individual Health Care Plan. The Lead Adult will ensure that all staff are aware of issues of privacy and dignity for children with particular needs on a 'need-to-know' basis. We recognise that 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.

The Lead Adult will ensure that staff supervising sporting activities give due consideration as to whether risk assessments are necessary for some children, are aware of relevant medical conditions (and any preventative medicine that may need to be taken) and relevant emergency procedures.

### **13. CONFIDENTIALITY**

All members of school staff should treat medical information confidentially. The Lead Adult will agree with the child's parents who should have access to records and other information about their child. If information is withheld from staff, it should be noted that they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

### **14. POLICY REVIEW**

This policy will be formally reviewed on an annual basis. In the event of significant changes to guidance or legislation, the policy will be reviewed earlier as appropriate.