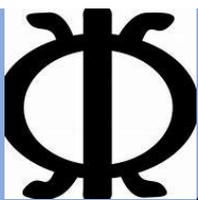


This policy is part of a suite of wider safety policies – please read them all



## Arun Court School: Policy Number 8C (Safety- Policy Suite 8)

Arun Court School – ADMINISTRATION OF MEDICATION POLICY – last updated April 2021

Ratified by EMAT sub-committee meeting on:.....

Signature (+ date) Chair of EMAT Pupils, Families & Community Committee

.....

Signature (+ date) Proprietor: .....Mrs Beverley-Sarah White

Signature (+ date) Associate Principal of School .....Hannah Ebling

Date of next review: April 2022 (Reviewed at least Annually)

Please read all policy documents in the man policy file, in particular you should read suite 8 in conjunction with this policy. You should also read the standards for employees (policy 13G) and the staff code of conduct (Policy 13D). Staff should also consider policy 13C, whistleblowing, carefully. This policy should also be read in conjunction with Policy 9F from the Risk Policy Suite which deals with staff and student sickness on site.

### Contextual Statement

As a school that has been recognised by Surrey LEA as ‘providing for some of the county’s most vulnerable children many of whom have been difficult to place’ and recognised by Ofsted as ‘unique’ we are very aware of the importance of our context.

Almost all of our young people are on anti-anxiety medication. For us to deliver this medication and take responsibility for it would be to de-skill the families and would take up a lot of student learning time. Our school timings 10:00 – 16:00 allow for these medications to be administered by parents at home.

Our vulnerable young people should not have unsupervised access to pain relief as we have a suicide and self-harm register. We do not want to administer such relief at all but will in order to prevent extreme discomfort to a child. This medication is kept off site in a locked cupboard, as our context is very different to a usual school.

Our staff already hold greater responsibilities than at any other SEND school locally – due to 25-50% (on average) of the student body being on either the self harm or suicide risk register. We are not prepared for them to take greater risks in terms of administration of medication.

## Administration of Medicine Policy

### Safeguarding and medication

In all cases where we have safeguarding concerns relating to medications that young people are taking, including those concerning fabricated illness syndrome, we will refer to Surrey C-SPA / MASH for advice and follow our safeguarding policy.

### 1. Medicines required for maintaining health and well-being

- 1.1. It is not our policy to care for sick children, who should be at home until they are well enough to return to the setting.
- 1.2. We ask that parents ensure that any medicines that need to be administered are done so before or after attending school. In many cases, it is possible for children's GPs to prescribe medicine that can be taken at home in the morning and evening.
- 1.3. Regular anxiety medication, that many students take, does not need to be given in school hours especially as the school day starts at 10 am and ends at 16:00
- 1.4. Where a student has a long term serious medical issue, for example epilepsy, that requires medication to be given at lunch time we will nominate a **designated person** to take responsibility for giving this medication to the child each day. They will be a full-time staff member available 5 days a week. In case of staff sickness the medication on that day will be administered by either the Principal of School or the Associate Principal of School. **These details will be laid out in a specific health care plan for the young person.**
- 1.5. In scenario 1.4 the administering of the medication is recorded daily, and counter signed by the designated person, witness and child. The administering of medication book is specific to the child who has the health care plan.
- 1.6. The medication for a child with a significant health need, along with the record book, is kept in a secure key pad locker within the medical room.
- 1.7. Medication must be given to an adult in school and stored in the medications locker. Medication must be in the original packaging with clear dosage instructions issued by a GP.

## 2. Non-prescription medications – pain relief

2.1. Non-prescription medication, such as pain or fever relief (e.g. Calpol/Paracetamol) and anti-histamines (Piriton), may be administered, **but only with prior written consent of the parent/carer via email** and only when there is a health reason to do so, e.g. as part of first aiding measures or for pain, such as toothache.

2.2. They keep a central stock of Calpol, Paracetamol and Piriton for this purpose at the Big Bear Company offices which is a 5 minute walk from the school; stored in their original containers, and inaccessible to the children.

2.3. Children under the age of 16 years are never given medicines containing aspirin unless prescribed specifically for that child by a doctor.

2.4. If staff feel a child required one of the non-prescription medicines listed above, in the first instance, **the parent/guardian will be contacted and asked to attend Arun Court in person to administer the medicine**. If this is not possible, e.g. if the parent is too far away or has work commitments; then they may give **verbal and email consent for medicine** to be administered by staff. **This consent email should be printed and put in the serious communications file held at Reception and the time of the call should be logged. If the parent can't be reached and instructed to email consent, then medication should NOT BE GIVEN.**

2.4. The administering of un-prescribed medication is recorded in the first aid record book.

2.5. The first aid record records the: - name of the child - name and strength of the medication - name of the doctor that prescribed it, where applicable - date and time of the dose - dose given and method - signature of the person administering the medication and a witness who verifies that the medication has been given correctly.

2.6. Best practice is to gain the parent/carer's signature at the end of the day (e.g. at pick up time); however many of the children attending our setting travel to us via taxi and therefore this is not practical. Where it is not possible to get the signature from a parent/carer on the day, administration of medicine is reported to parents/carers via the home-sheets.

### **3. Managing pain-relief or allergy medicines on trips and outings**

3.1. If children are going on outings, the staff leading the outing, or another member of staff, must be fully informed about the child's needs and/or medication. This will generally be asthma relief and we have a policy that such relief is kept with the student at all times, at school or when out on a trip.

### **4. Individual Health Plan and Risk Assessment**

4.1 We carry out a risk assessment for each child with a long-term medical condition or allergy that requires on-going medication or emergency to be administered in school. This is the responsibility of the Principal alongside the child's keyworker and parents. Other medical or social care personnel may need to be involved in the risk assessment.

4.2 In order to contribute to a risk assessment, parents should be shown around the setting, understand the routines and activities and point out anything which they think may be a risk factor for their child.

4.3 For some medical conditions, key staff will need to have training in a basic understanding of the condition, as well as how the medication is to be administered correctly. The training needs for staff form part of the risk assessment.

4.4 The risk assessment includes vigorous activities and any other activity that may give cause for concern regarding an individual child's health needs.

4.5 An individual health plan for the child is drawn up with the parent; outlining the school's role and what information must be shared with other adults who care for the child. The individual health plan should also include the measures to be taken in an emergency.

4.6 We review the individual health plan every academic year, or more frequently if necessary.

4.7 Parents receive a copy of the individual health plan and each contributor, including the parent, signs it.