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Medication

Principles

Planning arrangements for visits and activities should be sufficiently flexible to support the inclusion of pupils with medical conditions, unless evidence from a clinician states that this is not possible.

Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements to support pupils with medical conditions.

In meeting this duty, the governing body, proprietor or management committee must have regard to the statutory guidance 'Supporting pupils at school with medical conditions December 2015' available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/349435/Statutory_guidance_on_supporting_pupils_at_school_with_medical_conditions.pdf

If this link does not work, try <http://bit.ly/29QMcW6>, or copy the link and paste into your browser, taking care to remove any rogue spaces.

Additionally duties under the Equality Act 2010 apply to children with medical conditions who are disabled.

Policies

Employers and establishments should ensure that their medication policies take into account the full range of visits and activities. These may include residential visits, visits overseas, remote supervision, and situations where groups might be distant from, or unable to make immediate contact with, parents and medical professionals.

As it is unlikely that any medication policy will cover every possibility - the policy should be written in such a way as to allow staff the flexibility to use their judgement in doing what is best for the well-being of children and young people. Staff should always use their judgement and experience when applying their employer's policy to any particular situation, to ensure that the well-being of children and young people is paramount.

The conditions of employment of some staff, including teachers, do not include managing or administering medicines. Establishments should ensure that they have sufficient staff members accompanying a visit who have either volunteered

to manage medicines, or who are employed to do so as part of their duties. Staff should be properly trained to manage medicines – but in many cases such training need only involve familiarisation with the employer’s policy and reading instructions from a parent or doctor, or on a medicine packet, or perhaps a demonstration of how to use an epinephrine auto-injector (e.g. EpiPen). Staff may also need to be provided with information about how to deal with medical conditions which require management in addition to the administration of medicine, such as diabetes.

It is important to keep a written record of all medicines administered. Records offer protection to staff and children and provide evidence that agreed procedures have been followed.

Pre-existing medication needs

There is an expectation that children and young people with medical needs will be fully included in activities and visits. Individual risk assessments may be necessary, and reasonable adjustments should be made to enable individuals to participate, unless evidence from a clinician states otherwise. For example, a carer or an additional supervisor such as a parent or other volunteer might be needed to accompany a particular child. A copy of any health care plans and emergency procedures should accompany the individual.

Parents should be asked to provide written details of medical conditions and of any medication required (including instructions on dosage/times), and for their permission for staff to administer medication, or for their child to administer their own if this is appropriate.

Insurance policies should be checked to ensure that they cover staff and pupils with pre-existing medical needs.

Arrangements should be made for taking sufficient supplies of any necessary medicines on visits, and for ensuring that they are safely labelled, transported, stored (refrigerated if necessary), controlled and administered, and that records are kept of their use.

All staff supervising visits should be made aware of individuals’ medical needs and any medical emergency procedures. Summary sheets held by all staff, containing details of each individual’s needs and any other relevant information provided by parents, is one way of achieving this. You should consider how individuals’ confidentiality can be protected, and ensure that personal information is securely disposed of when it is no longer needed.

If appropriate, a member of the staff team should be trained in administering medication, and should take responsibility for this.

Some individuals may need to take precautionary measures before or during exercise and may also need to have immediate access to their medicines such as asthma inhalers. Staff should check that such medicines are available during activities, and that spares are available if necessary.

Conditions occurring during a visit

Depending upon the duration and type of visit, it is likely that some participants will require medication for the prevention or treatment of minor ailments, for example:

- sunburn
- heat rash
- insect bites
- period pains, headaches
- athlete's foot
- indigestion
- sore throats, colds and coughs
- cuts and grazes
- muscle stiffness

Parents must be asked for their permission to administer any medication, including non-prescription medicines. One way of achieving this for minor ailments is to provide parents with a list of common non-prescription medicines and to ask them to indicate if there are any which they do not want administered to their child. It can be useful at the same time to ask about allergy to adhesive plasters. Care should be taken with all medication to observe the recommended dosage appropriate to age.

If a condition arises which requires medication which had not been anticipated, parental permission should be obtained, and a doctor's prescription may be necessary.

It is illegal to give a medicine which has been prescribed for one person to another. This would normally include asthma reliever inhalers. However, from the 1st October 2014 schools are allowed to carry emergency salbutamol inhalers, and use these when they have parental consent to do so. Use of emergency inhalers should be subject to a protocol forming part of the establishment's medical conditions policy. Government guidance is available at:

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/360585/guidance_on_use_of_emergency_inhalers_in_schools_October_2014.pdf

If this link does not work, try <http://bit.ly/1WWQtrw>, or copy the link and paste into your browser, taking care to remove any rogue spaces.

The well-being of children and young people should always be given the highest priority: if a child suffers from a life-threatening asthma attack and does not have their own inhaler, then the benefit of giving a blue inhaler from elsewhere is likely to outweigh the risks of not doing so.

Overseas visits

Medicines which may be legally held in one country may be illegal in another. The rules of any country to be visited should be checked. Medicines should be properly labelled, and prescription medicines should be accompanied by a copy of the prescription. Where medication includes delivery by syringe, it may be

necessary to show an accompanying doctor's note at border security. A personal licence may be required to take certain controlled medicines abroad.

In some countries, it is possible to purchase medicines over the counter which would require a prescription in the UK. These should not be used unless prescribed by a qualified medical practitioner.

