



Medicines in School Policy

Date Approved: March 2016

Date for Review: March 2019

Statement of Intent

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 for supporting pupils at their school with medical conditions. The governing body of Heene Primary School will ensure that these arrangements fulfill their statutory duties and follow guidance outline in 'Supporting pupils at school with medical conditions' April 2014'.

Establishment staff do not have a statutory duty to give medicines or medical treatment. However medicines will be administered to enable the inclusion of pupils with medical needs, promote regular attendance and minimise the impact on a pupil's ability to learn. In an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this might mean giving medicines or medical care.

Signed:

Chair of Governors

Date:

Organisation

The governing body will develop policies and procedures to ensure the medical needs of pupils at Heene Primary School are managed appropriately. They will be supported with the implementation of these arrangements by Head teacher and school staff.

The lead for the management of medicines is Hazel Denyer (in conjunction with Jenny Ferguson Deputy/SENCO) or in their absence Shelly Shentall. In their duties staff will be guided by their training, this policy and related procedures.

Implementation monitoring and review

All staff, governors, parents/carers and members of the school community will be made aware of and have access to this policy. This policy will be reviewed annually and its implementation reviewed and as part of the Head teacher's annual report to Governors.

Insurance

Staff who follow the procedures outlined in this policy and who undertake tasks detailed in the WSCC medical audit are covered under WSCC insurance. The medical audit is available to view on WSGfL under 'guide to insurance for schools'.

Claims received in respect of medical procedures not covered by the insurers will be considered under the Council's insurance fund.

1. Prescription Medicines

Medicine should only be brought to school when it is essential to administer it during the school day. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime.

Occasionally a GP may prescribe a medicine has to be taken during the school day. Parents may call into the school and administer medicine to their child, or they may request that a member of school staff administers the medicine.

2. Administration of Medicines

Medicines can be given to children in school but a Individual Health Care Plan (Template A) must be drawn up in every circumstance and 'Parental Agreement for the Setting to Administer Medicine' (Template B). Form 'Head Teacher Agreement for School to Administer Medicine' (Template D) will also be completed. The medicine can be given by designated members of staff. Parents must consent and sign the IHP and the following procedures adhered to:

- The medicine must be prescribed by a healthcare professional, be properly and clearly labelled with the name of the medicine, the child's name, the dose, the administration times, the storage details, if specific to that medication, the leaflet and the date.
- Medicine must be administered from the original container or by a monitored dosage system such as a blister pack.
- The designated member of staff must complete the medicine record fully with all information being recorded. Another member of staff must witness the administration of the medicine and they must also sign the record.
- When medicines are used staff will need to ensure that they fully understand how each medicine or drug should be stored. Storage details can be obtained either from the written instructions of the GP/Pharmacist or from parents.
- All medicines will be stored in the original container, be properly labelled, and kept in a secure place, out of reach of children. Medicines in the office are kept in a First Aid box and accessible to adults. Emergency medication will be kept with the child and arrangements put in place to keep the medication secure and safe from children. Arrangements may be needed for any medicines that require refrigeration. These should be clearly labelled and kept separated from any foodstuffs and away from children.
- Medicines should only be kept while the child is in attendance at the school.
- Where needles are used, a sharps container and adequate arrangements for collection and incineration should be in place. Such arrangements are necessary for any equipment use which may be contaminated with body fluids, such as blood etc.
- Any unused or outdated medication will be returned to the parent for safe disposal.
- Administration of medicines records are kept in school until the child is 25 years old under the Data Protection Act 1998.
- There is one designated member of staff (Hazel Denyer) who receives medicines/inhalers from parents and who hands them back. In the absence of Hazel Denyer, the designated person is Kim Northrop/Shelley Shentall.

- Travel Sickness - tablets can be given with written consent from a parent but the child's name, dosage, time of dose and any possible side effects (the child must have had the travel sickness preventative at home before the trip in case of side effects) should be clearly marked on the container, which must be the original packaging. Parents will need to complete the necessary paperwork. (Template I)
- Sunscreen – see Safe in the Sun Policy
- Cough Sweets – no cough sweets are permitted in school, some contain certain drugs.
- Lip-salve – is a cosmetic and should not be in school. If it is needed a Health Needs Form (Template J) must be completed.
- Severe Allergic Reaction - An adrenaline auto injector should be used immediately in a severe reaction where a pupil has an prescribed EpiPen in school (see Pupils Individual Health Care Plan for details). If in doubt about the severity of an allergy reaction, administer the adrenaline auto injector and call an ambulance immediately.
- Hay fever – Antihistamine for the treatment of hay fever - parents should administer antihistamine before the pupil starts school, it is not necessary for schools to administer antihistamine for the treatment of hay fever.
- EpiPen and Antihistamine (e.g. Piriton for mild allergic reaction not hay fever) parents must complete Template K (EpiPen) and Template L (Antihistamine) as well as an Individual Health Care Plan (Template A) along with Template D (Head Teacher Agreement to Administer Medicines), Template B (Parental Agreement for setting to Administer Medicine – for each medicine in school).

3. Administration of paracetamol to Under 10s

- Paracetamol may be used as pain relief for children under the age of 10, if a GP/Consultant/Dentist/Nurse Practitioner/School Nurse has prescribed it and parental consent is gained on form 'Parental Agreement for the Setting to Administer Medicine' (Template B). Circumstances that might warrant the use of pain relief in the under 10's include fracture, pre/post-operative toothache and post-operatively general surgery (this is not an exhaustive list). Details of the pupil's condition and the requirement for on demand pain relief must be documented on the pupils IHC. In addition to the protocol for the administration of paracetamol detailed above the school will:
- Only administer paracetamol for a maximum of 1 week.
- Strict morning liaison with a designated member of staff/parent must be held in order to ascertain whether or not the child has had paracetamol at home and when a dose can be administered in school. E.g. a dose cannot be given within 4 - 6 hours of the previous dose and not more than 4 doses in 24 hours.
- The parent or guardian will supply the paracetamol in the form of a tablet or liquid sachet.
- The requirement for pain relief will be regularly reviewed during the week; pain relief should not be given routinely each day. The review will be detailed on the pupils IHC.

Paracetamol may not be administered to the under 10's for ad-hoc unknown pain/fever etc. If the school is in any doubt if symptoms warrant pain relief the school nurse will be contacted for further advice.

4. Non-prescription Medicines for Over 10s (Including Paracetamol)

Occasionally paracetamol will be administered to pupils age 10 and over suffering acute pain from things like migraine and period pain. The school keeps its own supply of standard paracetamol for administration to pupils over the age of 10.

- Parents must give written consent for the school staff to administer paracetamol to their child who is over 10
- Staff will check that the paracetamol has been administered without adverse effect to the child in the past and parents must certify this is the case – a note to this effect should be recorded on the Individual Health Care Plan (Template A) and 'Parental Agreement for the Setting to Administer Medicine' (Template B).
- Only 1 standard dose (appropriate to age and weight of the pupil) can be administered in school per day.
- Verbal parental consent must be gained during the day to administer paracetamol. If parents cannot be contacted then paracetamol cannot be administered.
- The school will keep records of the administration of paracetamol as for prescribed medication for each child on form 'Record of medicine administered to an individual child' Template C/Paracetamol.
- Pupils must not bring paracetamol (or other types of painkillers) to school for self-administration.

All other non-prescription medication will not be administered at school and pupils should not bring them to school for self-administration.

The majority of medication lasts 4-6 hours, therefore non-prescription medication can be administered at home prior to the start of the school day and it will last the duration of the school day. A parent or guardian may attend school to administer additional doses if necessary.

5. Controlled Drugs

The school does not deem a pupil prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication themselves. Controlled drugs will be stored securely in a non-portable container and only named staff will have access, controlled drugs for emergency use must also be easily accessible. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug held in school. (Templates C/Medicine)

6. Pupils taking their own medication

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication. Appropriate arrangements for medication should be agreed and documented in the pupil's Individual Health Care Plan (Template A) and parents should complete the relevant section of 'Parental agreement for setting to administer medicine' (Template B).

7. Instruction and Training

Specific instructions and training must be given to staff, either from a healthcare professional or the person will have attended Managing Medicines County Training. Parents will be introduced to the member/s of staff and their written permission gained. Such safeguards are necessary both for the staff involved and to ensure the wellbeing of the child. Training needs are dealt with when identified and a record is kept of what is undertaken and by whom, both internal and external. 'Any member of school staff may be asked to provide support to pupils with medical conditions, including the administering of medicines, although they cannot be required to do so.' – Supporting pupils with medical conditions – April 2014.

The school will ensure that the staff who administer medicine to control specific chronic conditions are trained to administer those specific medicines, for example, Anaphylaxis (adrenaline auto injector), Diabetes (insulin) Epilepsy (midazolam). Training in the administration of these specific medicines is arranged via the school nurse. A record of training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required 'Staff Training Record – administration of medicines' (Template E).

The school will also ensure that other staff who may occasionally need to administer a prescribed medicine supplied by the parent with a valid consent form and, or an IHP, are trained in the procedure adopted by the school by the person who has completed the Managing Medicines course. A record of training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required on form 'Staff Training Record – administration of medicines' (Template E).

The school will ensure that a record is made of every dose of medicine administered in school. This record is completed by the person that administers the medicine. See Appendix1 record of medicine administered to an individual child Template. see WSCC Supporting pupils with medical conditions' Templates.

8. Storage and Access to Medicines

All medicines apart from emergency medicines (inhalers, epipens, etc.) are kept in a locked store cupboard. Medicines are always stored in the original pharmacist's container. Pupils are told where their medication is stored and who holds the key and staff will be fully briefed on the procedures for obtaining the medication in an emergency.

Emergency medicines such as inhalers and adrenaline auto injector are either held by the pupil or kept in a clearly identified container in his/her classroom. The school will make an assessment as to the competency of each individual pupil to carry their own medication. Parents will be asked to supply a second adrenaline auto injector for each child and they will be kept in the school office. Staff must ensure that emergency medication is readily available at all times i.e. during outside PE lessons, educational visits and in the event of an unforeseen emergency like a fire. In accordance with the Human Medicines (Amendment No 2) Regulations 2014 the school will keep a small supply of salbutamol inhalers for emergency use. (See Asthma Policy). Parental consent will be gained to administer the emergency school inhaler.

Medicines that require refrigeration are kept in the small kitchen fridge, clearly labelled in an airtight container.

9. Record Keeping

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 25. This includes medicines administered by staff during all educational visits. A parent or guardian will be informed if their child has been unwell during the school day, and 'Record of medicine administered to an individual child' Template C/Paracetamol or Template C/Medicine or Template C/cream or Template C/Inhaler will be kept until the child is 25.

10. Medicines on Educational Visits

Staff will administer prescription medicines to pupils when required during educational visits in accordance with the IHP and other consent form depending on the medication. Non-prescription medicines (apart from travel sickness medication) cannot be administered by staff and pupils must not carry them for self-administration.

Pupils with medical needs shall be included in educational visits as far as this is reasonably practicable. School staff will discuss any issues with parents and/or health professionals in suitable time so that extra measures (if appropriate) can be put in place for the visit.

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known and copies of care plans will be taken by the responsible person.

11. Medicines on Residential Visits

The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency, according to the care plan.

Occasionally it may be necessary to administer non-prescription medicines e.g. paracetamol, anti-histamine etc. to pupils suffering acute pain from things like migraine, period pain, toothache. Parents must give written consent prior to the residential visit using a, 'Parental agreement for setting to administer medicine on a Residential Visit' form (Template H) before non-prescription medication can be given. Parents will be informed in writing with regard to the type of medicine school staff will carry, e.g. paracetamol, antihistamine. Staff will check that the medicine has been administered without adverse effect to the child in the past and parents must certify this is the case – a note to this effect should be recorded on the consent form.

The medication will be stored and administration recorded as for prescription medicines. Pupils should not bring paracetamol (or other types of painkillers) on the residential visit for self-administration.

12. Travelling Abroad

Children with medical needs will be encouraged to take part in visits. The responsible member of staff will carry out a specific and additional risk assessment and a care plan will be drawn up considering parental and medical advice. Best practice would be to translate these documents to the language of the country being visited. The international emergency number should be on the care plan (112 is the EU number). European Health Insurance Cards (EHIC) should be applied for by parents and supplied to the school prior to travel for all pupils that travel abroad.

13. Refusal to take medication

A child must give their consent to take the medication. If the child refuses to take their medication and the child requires emergency aid, then emergency procedures will be put into operation. The child's parents will be informed and also the Head Teacher, the Deputy Head Teacher, or other member of the Management Team.

14. Accidental failure of the agreed procedures

Should a member of staff fail to administer any medication as required the child may require emergency aid and these procedures will be put into place. The child's parents will be informed and also the Head Teacher, the Deputy Head Teacher, or other member of the Management Team.

In the event of an accident or failure of the agreed procedures a full investigation will take place. Parents and any other involved persons, including professionals, will be informed. Parents will be advised to take the child to the doctors or hospital as necessary or they will be taken by ambulance. A full review will take place immediately.

15. Complaints

Issues arising from the medical treatment of a pupil whilst in school should in the first instance be directed to the Head teacher. If the issue cannot easily be resolved the Head teacher will inform the governing body who will seek resolution.

[Appendix 1 – WSCC Supporting pupils at school with medical conditions – templates.](#) Available from WSGfL H&S A-Z under Child Health.