

Medicines in School Policy



Reviewed: October 2016

Ratified by the Management Committee: July 16

Date of next Review: October 2018

1 Introduction

1.1 This policy offers guidance to staff on the management of medicines in school. It should be read in conjunction with the Health and Safety Policy and the DfE document 'Supporting pupils at school with medical conditions' (Dec 15)

Further information on this area is contained in:

1.2 DfE document 'Supporting Pupils with Medical Needs (April 2014)

1.3 WSCC Health and Safety Information for Educational Establishments.

1.4 Section 100 of the Children and Families Act 2014 places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions. The Management Committee of Palatine School will ensure that these arrangements fulfill their statutory duties and follow guidance outlined in 'Supporting pupils at school with medical conditions' April 2014'.

1.5 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.

2 Aims

2.1 To ensure the safe and efficient administration of medicines.

2.2 To ensure that every student in school who has medication has an individual healthcare plan which must be reviewed annually.

2.3 Palatine Primary school is committed to safeguarding and promoting the welfare of pupils and expects all staff to share this commitment. We require all employees to undertake an enhanced criminal record check via the DBS.

3 Prescription Medication

3.1 Medicine should only be brought to school when it is essential to administer it during the school day.

3.2 In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. It is usually unnecessary for medicines which require three doses a day e.g. antibiotics to be administered in school as these can be given at breakfast, on getting home from school and then at bedtime.

Permission

4.1 No medicines can be given without the prior written permission of the parent. A medicine permission form (Medicine 01) should be completed by

the school (from the prescription label on the container) and signed by the parent or carer. This applies to regular and occasional medicines.

4.2 Permissions are filed in the office and pupil's black folder.

4.3 Any change to drug, timing, dose etc. must be sanctioned in writing and a new form completed.

4.4 On occasions parents and carers send in medicines with a message giving details of what is required. If any member of staff is concerned about the dosage or timing of medications they may seek further medical advice. This is acceptable for the **first day only** as long as the prescription, pupil's name, and date are correct; as soon as possible the permission form should be completed.

4.5 At times a GP may prescribe a short term use medicine that 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.

4.6 Any doubts or uncertainties about instructions must be clarified by phone with the parent/carer or GP before the pupil receives the medication.

4.7 All pupils with long term or complex needs who require medication at school will have an individual Health Care plan (IHCP). These plans will be reviewed by the school annually or following a significant change in a pupil's medical condition. Parents/ carers should provide the Headteacher with sufficient information about their child's medical condition or treatment/ special care so that arrangements can be made in school with the Headteacher, school staff, school nurse and other relevant health professionals to ensure that the pupil's medical needs are well managed during their time in school.

4.8 Parents/carers must inform school immediately of any changes to medication and complete a new medication form.

5 Transport

5.1 All medicines must be transported in their original form in child proof containers and be fully labeled. This includes medicines that are taken offsite.

5.2 Medicines should be transferred directly from adult to adult not be carried by pupils.

5.3 Transfer in a pupil's bag is only permitted when both the student and bag are under the supervision of an adult who is aware that the drugs are in the bag.

5.4 For outings medicines will be in the personal care of the member of staff supporting an individual pupil in a waist bag.

6 Storage of Medicines

6.1 All medicines (other than emergency medicines such as inhalers, Epi-pens, Buccal Midazolam) must be stored in the medical room locked store cupboard or class locked store cupboard. All staff will know where the key is kept. Medicines that require refrigeration must be kept in the medical room fridge and be clearly labeled.

6.2 Controlled drugs (as defined by the Misuse of Drugs Act 1971) such as Methylphenidate must be stored in the medical room locked cupboard and only named staff will have access.

6.3 Medicines must always be kept in the original container with the original prescription label and the student's name, otherwise they cannot be administered.

6.4 Emergency medicines such as inhalers, Epi-pens, or Buccal Midazolam will be in the personal care of the member of staff supporting an individual pupil in a waist bag whenever they leave the classroom so that emergency medication is readily available at all times.

6.5 Used medication packaging must always be returned to parents and carers.

6.6 Salbutamol inhalers provided by the school for emergency use will be stored in the medical room locked store cupboard. Parental consent must be gained to administer the emergency school inhaler.

7 Administration

7.1 Regular and occasional doses of medication will be given by the class teacher or teaching assistant or school office staff. Medication will be administered as stated in the pupil's individual healthcare plan.

7.2 Stocks of medication should be monitored carefully and new supplies requested from parents or carers in a timely manner to ensure continuity of treatment.

7.3 Medicines which have expired should be returned to parents and a new supply requested.

7.4 When school staff administer medicines, the parent or guardian must supply the medicine in the original pharmacist's container clearly labeled including details of possible side effects to the school office.

8 Recording of medicines

8.1 The adult giving the medicine must complete the appropriate form (Medicine 02) each time it is given. The form must be countersigned at the same time by the member of staff witnessing the administration of the medicine. **All** medication must only be administered in the presence of two people.

8.2 If an error is made on the medicine form it must not be crossed out or altered in any way. The error is to be identified with an asterisk or two if it is not the first error on the page. Either on the next line or on the bottom of the page write 'ENTERED IN ERROR, SHOULD READ.....' and then insert the correct entry and sign and date it.

8.3 All medicine forms must be printed onto pink paper.

8.4 Once a medicine form is completed then it must be archived in the pupils/office file.

8.5 For legal reasons records of all medicines administered must be stored until the pupil reaches 25 (this includes medicine administered on

educational visits). All medicine forms should go into archive folders when a pupil leaves school.

8.6 For controlled drugs e.g. Methylphenidate in addition to the records required for the administration of any medication, an ongoing record will be kept of the amount of controlled drug held in school.

9 Emergency Medication

9.1 Pupils needing any emergency medication such as Buccal Midazolam, Epi-pens or asthma inhalers must have a completed SOS form giving details of the procedure to be followed available in their class. A copy of this SOS plan must be kept with their medication and taken whenever medication is transported out of the classroom or offsite.

9.2 All staff who work with pupils who require emergency medication must be aware of these forms and procedures.

10 Training

10.1 The school will ensure that the staff who administer medicine to control specific chronic conditions are trained to administer those specific medicines and procedures, for example, Anaphylaxis (adrenaline auto injector), Diabetes (insulin) Epilepsy (Buccal Midazolam) and gastrostomy feeding. Training in the administration of these specific medicines and procedures is arranged via the school nurse and specialist health professionals. This training will include signing staff off for individual competencies for specific pupils by the school nurse.

10.2 The school will also ensure that all 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.

10.3 All staff required to administer emergency medication for epilepsy (Buccal Midazolam) will complete annual first aid training in resuscitation.

10.4 A record of all medical training will be maintained to show the date of training for each member of staff and when repeat or refresher training is required.

11 Off site activities

11.1 It will be necessary to take and administer medicines to some pupils when out of school. This may be the pupil's regular medication or medication needed for an emergency condition such as epilepsy or anaphylactic shock.

11.2 The same principles will apply and within the bounds of practicality the same procedures regarding storage, transport and recording etc.

11.3 For residential activities 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. A specific medical consent form will be sent, as it is likely that medication

over a 24 hour or longer period will be different from that during the school day.

11.4 On residential activities occasionally it may be necessary to administer non-prescription medicines e.g. Paracetamol for pain relief. Parents must give written consent prior to the residential visit. Staff must 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.

11.5 All medicines taken offsite must be in their original packaging.

12 Non prescription medication

12.1 Paracetamol may be used as pain relief for children under 10, if a Doctor, Dentist, Nurse Practitioner, or School Nurse has recommended its use and parental consent is gained (medical form). Circumstances that might warrant the use of pain relief include fracture, pre/post-operative toothache and post-operative general surgery (this is not an exhaustive list).

The school will:

- Only administer Paracetamol for a maximum of 1 week.
- The parent/carer must supply a single dose of Paracetamol for administration. This can be in the form of a tablet or liquid sachet.
- Staff must only give Paracetamol when they have ascertained the time of the previous dose. Parents and carers must be informed of the time that Paracetamol has been given to the student each school day.

12.2 Details of the pupil's condition and the requirement for on demand pain relief must be documented in the pupil's IHCP. The requirement for Paracetamol as pain relief should be reviewed daily and not given routinely each day.

12.3 Paracetamol must be sent in by the parent and correctly stored and protocols followed in the same way as all other medications when it is administered.

12.4 The school will only administer non-prescription travel sickness medication and antihistamine (Piriton) for mild allergic reactions. All other non prescription medication will not be administered by school.

Antihistamine can only be administered where a GP/Consultant has recommended or prescribed antihistamine for itchy eyes or skin rash. The school can administer one standard dose (appropriate to the age and weight of the pupil) and it is important that the pupil is closely monitored for signs of further allergic reaction.

12.5 Both travel sickness and antihistamine medicine must be supplied in the original packaging and accompanied by a 'parental agreement for setting to administer medicine' form. Staff must also check with parents that the medicine has been administered previously to the pupil without adverse effect and parents must certify that this is the case in writing on the consent form.

12.6 School staff must inform parents each day if non-prescription medication has been administered to a pupil.

13 End of year/Start of Year

13.1 At the end of the school year all medication should be returned to parents and carers. If the student is continuing at Palatine school in the next academic year an accompanying form should be sent home. The parent or carer should return this form with the medication at the start of the next academic year.

13.2 All existing medical forms should be archived.

13.3 The parents or carers of new students who are joining Palatine school will be sent a copy of the form (Medicine 01) to complete when the pupil has a place at the school.

14 Staff Medication

14.1 Any personal medication required by staff must be securely stored out of reach of pupils at all times.

15 Unacceptable Practice

15.1 Each student's medication needs will be followed in accordance with their healthcare plan. It would be considered unacceptable practice to:

- Prevent a student from accessing their medication when necessary.
- Send a student with a medical condition home for reasons associated with those conditions or prevent them from staying for normal school activities.
- Penalise students for their attendance if their absences are related to their medical conditions.
- Prevent students from drinking, eating, or taking toilet breaks whenever they need to in order to manage their medical condition effectively.

16 Implementation, Monitoring and Review

16.1 Advice and child specific training will be sought from the school nurse.

16.2 This policy will be reviewed bi-annually and its implementation reviewed as part of the Headteacher's annual report to the Management Committee.

16.3 All staff, governors, parents/carers, and members of the Palatine School community will be made aware of and have access to this policy.

17 Organisation

17.1 The Management Committee will develop policies and procedures to ensure the medical needs of pupils at Palatine School are managed appropriately. They will be supported with the implementation of these arrangements by the Head teacher and school staff.

17.2 The lead for the management of medicines at Palatine School is Rosemary Needs (Assistant Head) or in their absence Linda Nobbs (School Office). In their duties staff will be guided by their training, this policy and related procedures.

18 Insurance

18.1 Staff who follow the procedures outlined in this policy and who undertake tasks detailed in the WSCC medical audit are covered under WSCC insurance. Claims received in respect of medical procedures not covered by the insurers will be considered under the Council's insurance fund.

19 Complaints

19.1 The health, safety, and welfare of students are of paramount importance. Any complaints and concerns will be dealt with promptly and should in the first instance be directed to the Head teacher. If the issue cannot easily be resolved the Head teacher will inform the Management Committee who will seek resolution.