

Medicines in School Policy



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Ratified by the Management Committee: October 2017

Date of next Review: October 2019

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 WSCC 'Supporting pupils at school with medical conditions' (September 2017)

Further information on this area is contained in:

1.2 DfE document 'Supporting Pupils with Medical conditions (Dec 2015)

1.3 WSCC Health and Safety Information for Educational Establishments.

1.4 Statement of Intent - 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 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 regular medication has an individual healthcare plan that 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 Admissions

3.1 When the school is notified of the admission of a pupil with medical needs the Lead for Managing Medicines will seek parental consent to administer short term-ad-hoc non-prescriptions medication using Template B (WSCC Administering Medicines Templates). An assessment of the pupil's medical needs will be completed this might include the development of an Individual Healthcare Plan (IHP) and require additional staff training. The school will endeavour to put arrangements in place to support that pupil as quickly as possible. However the school may decide (based on risk assessment) to delay the admission of a pupil until sufficient arrangements can be put in place.

4 Pupils with medical needs

4.1 The school will follow Government guidance and develop an IHP (Individual Healthcare Plan) for pupils who:

- Have long term, complex or fluctuating conditions – these will be detailed using IHP (WSCC Care Plan Templates)
- Require medication in emergency situations – these will be detailed using Template 2 for mild asthmatics and Templates 3, 4, 5 and 6 for anaphylaxis (WSCC Care Plan Templates).

4.2 Parents/guardians should provide the Head teacher with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made, between the parents/guardians, Head teacher, school nurse and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. Healthcare plans will be reviewed by the school annually or earlier if there is a change in a pupil's medical condition.

5 All prescribed and non-prescribed medication

5.1 On no account should a child come to school with medicine if he/she is unwell. 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. If a pupil refuses their medication, they should not be forced, the school will contact the parent/guardian and if necessary the emergency services. Pupils should not bring any medication to school for self-administration.

5.2 The school will keep a small stock of paracetamol, ibuprofen and antihistamine, all other medication must be supplied by the parent/guardian in the original pharmacist's container clearly labeled and include details of possible side effects e.g. manufacturer's instructions and/or patient information leaflet (PIL). Medicines must be delivered to the school office with the appropriate consent form Template C and/or C1 (WSCC Administering Medicines Templates). The school will inform the parent/guardian of the time and dose of any medication administered at the end of each day by the home/school communication book.

6 Confidentiality

6.1 As required by the Data Protection Act 1998, school staff should treat medical information confidentially. Staff will consult with the parent, or the pupil if appropriate, as to who else should have access to records and other information about the pupil's medical needs and this should be recorded on the IHP or EHC. It is expected that staff with contact to a pupil with medical needs will as a minimum be informed of the pupil's condition and know how to respond in a medical emergency.

7 Consent to administer medication

7.1 Parental/guardian consent to administer medication will be required as follows:

- **Short term ad-hoc non-prescribed medication** - The school will request parent/guardian consent using Template B (WSCC Administering Medicines Templates) to administer ad-hoc non-prescription medication when the pupil joins the school. The school will send annual reminders requesting parents/guardians to inform the school if there are changes to consent. If the school is not informed of any changes by the parent/guardian it will be assumed that consent remains current.
- **Prescribed and non-prescribed medication** - each request to administer medication must be accompanied by 'Parental consent to

administer medication form (Template C and/or C1 -WSCC Administering Medicines Templates) or if applicable on the IHP.

8 Prescription Medicines

8.1 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. Administration will be recorded using Template D or E (WSCC Administering Medicines Templates) and the parent/guardian informed.

8.2 Parents/guardians are expected to remove any remaining medicine from school once the prescribed course has been completed.

9 Non-prescription Medicines

9.1 Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school the school will administer non-prescription medicines. The school will not administer alternative treatments i.e. homeopathic or herbal potions, pills or tinctures or nutrition supplements unless prescribed or recommended by a Doctor and detailed on an IHP or EHC as part of a wider treatment protocol. As recommended by the Government in Supporting Pupils at School with Medical Conditions December 2015 the school will also not administer aspirin unless prescribed. The storage and administration for non-prescription medication will be treated as prescription medicines.

9.2 If the relevant symptoms develop during the school day as detailed under the paragraph 'short term ad-hoc non-prescribed medication' the school will administer the following non-prescription medications:

- paracetamol (to pupils of all ages)
- ibuprofen (pupils age 12 and over)
- antihistamine,

9.3 All other non-prescription medications will only be administered by staff, providing:

- The parent/guardian confirms daily the time the medication was last administered and this is recorded on Template C (WSCC Administering Medicines Templates) or an IHP.
- medication is licensed as suitable for the pupil's age;
- medication is suitable for the pupil i.e. if a child is asthmatic the medication is suitable for that condition;
- administration is required more than 3 to 4 times per day;
- medication is supplied by the parent or guardian in the original packaging with the manufacturer's instructions and/or (PIL);
- and accompanied by parental/guardian consent Template C and C1 (WSCC Administering Medicines Templates) and confirmation the medication has been administered previously without adverse effect;

9.4 The school will NOT administer non-prescription medication:

- as a preventative, i.e. in case the pupil develops symptoms during the school day;
- if the pupil is taking other prescribed or non-prescribed medication, i.e. only one non-prescription medication will be administered at a time;
- for more than 48 hours – parents will be advised if symptoms persist to contact their Doctor A request to administer the same or a different non-prescription medication that is for the same/initial condition will not be repeated for 2 weeks after the initial episode; and not for more than 2 episodes per term - it will be assumed that the prolonged expression of symptoms requires medical intervention, and parents/guardians will be advised to contact their Doctor.

9.5 Skin creams and lotions will only be administered in accordance with the Schools Intimate Care Policy and procedures.

9.6 Medication that is sucked i.e. coughs sweets or lozenges, will not be administered by the school.

9.7 If parents/guardians have forgotten to administer non-prescription medication that is required before school – requests to administer will be at the discretion of the school and considered on an individual basis.

10 Short term ad-hoc non-prescribed medication

10.1 A small stock of standard paracetamol, ibuprofen and antihistamine will be kept by the school for administration if symptoms develop during the school day.

10.2 ONLY the following will be administered following the necessary procedures:

- **For nappy or skin rashes** - creams/lotions specifically for nappy or skin rashes.
- **For relief from pain**
 - Standard Paracetamol will be administered in liquid or tablet form for the relief of pain i.e. period pain, migraine.
 - Standard Ibuprofen will ONLY be administered in tablet form to pupils age 12 and over for period pain, migraine and muscle/skeletal disorders involving inflammation i.e. joint sprains.
 - Ibuprofen will NOT be administered to any pupil diagnosed with asthma.
- **For mild allergic reaction** – Standard Piriton (see Anaphylaxis)
- **For travel sickness** – medication will be administered if required before educational visits and must be age appropriate and supplied by the parent/guardian in its original packaging with the PIL if available.

10.3 Only 1 dose of any of the above medications suitable to the weight and age of the pupil will be administered during the school day.

11 Pain relief protocol for the administration of paracetamol and ibuprofen

11.1 If a request for non-prescribed pain relief is made by a pupil or carer/staff (advocate for a non-verbal/non-communicating pupil) **before 12pm:**

- The school will contact the parent/guardian and confirm that a dose of pain relief was NOT administered before school, parents/guardians and if appropriate the pupil will also be asked if they have taken any other medication containing pain relief medication i.e. decongestants e.g. Sudafed, cold and flu remedies e.g. Lemsip and medication for cramps e.g. Feminax etc. and these conversations will be recorded.
- If the school cannot contact the parent/guardian and therefore cannot confirm if pain relief (Paracetamol and Ibuprofen) was administered before school then the school will refuse to administer pain relief.

11.2 If a dose of pain relief has been administered **before school**:

- **PARACETAMOL** - The school will not administer paracetamol until 4 hours have elapsed since the last dose (assume 8am) no more than 4 doses can be administered in 24 hours.
- **IBUPROFEN** - The school will NOT administer Ibuprofen at all during the school day if it has been administered at home before school.

11.3 If a request for pain relief is made **after 12pm**:

- The school will assume the recommended time between doses has elapsed and will administer 1 standard of dose of PARACETAMOL without any need to confirm this with the parent/guardian but if appropriate the pupil will still be asked if they have taken any other medication containing pain relief medication and this conversation will be recorded.
- If the pupil's symptoms require the administration of IBUPROFEN then the school will establish if a dose has been administered before school, as detailed above on page 5.

11.4 The school will inform the parent/guardian if pain relief has been administered this will include the type of pain relief and time of administration.

12 Asthma

12.1 The school recognises that pupils with asthma need access to relief medication at all times. The school will manage asthma in school as outlined in the pupil's asthma plan and the Asthma Toolkit. Pupils with asthma will be required to have an emergency inhaler and a spacer (if prescribed) in school. The school may ask the pupils parent or guardian to provide a second inhaler. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required.

12.2 A sufficient number of Salbutamol inhaler(s) and spacer(s) will be held by the school to cover emergency use and parental consent to administer the 'school inhaler' will be gained when the pupil starts school in their asthma plan. The school will hold a register of the pupils diagnosed with asthma, and parental consent with the 'school inhaler(s)'. The school will be responsible for ensuring the 'school inhaler(s)' remain in date.

12.3 The school will follow the emergency treatment as detailed on the pupils Asthma Plan that can be found within the Asthma Toolkit. The school inhaler will only be used in an emergency and will always be used with a spacer as

outlined in the Asthma Toolkit. The school will develop Individual Health Care Plans for those pupils with severe asthma, and an Asthma Plan will be completed for pupils with mild asthma.

13 Anaphylaxis

13.1 Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to pupils diagnosed with anaphylaxis within the school population. The school complies with the School Nursing Service recommend that all staff are trained in the administration of auto injectors and that training is renewed annually.

13.2 In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) advice the school will ask parent/ guardian(s) to provide 2 auto-injectors for school use. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept.

13.3 Some antihistamine medication can cause drowsiness and therefore the school will consider if it is necessary for pupils to avoid any contact hazardous equipment after administration of the medication i.e. P.E. Science, Design and Technology.

13.4 Mild Allergic Reaction; Non-prescription antihistamine will be administered for symptoms of mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes), the pupil must be monitored for signs of further allergic reaction. If antihistamine is not part of an initial treatment plan, anaphylaxis medication will be administered following the guidance for short term ad-hoc non-prescribed medication.

13.5 Hay fever; Parent(s)/guardian(s) will be expected to administer a dose of antihistamine to their child before school for the treatment of hay fever. The school will only administer antihistamine for symptoms of allergic reaction and not as a precautionary measure.

13.6 Severe Allergic Reaction; Where a GP/Consultant has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction this will be detailed on the pupils IHP. The school will administer 1 standard dose of antihistamine (appropriate to age and weight of the pupil) and it is very important that symptoms are monitored for signs of further allergic reaction. During this time pupils must NEVER be left alone and should be observed at all times.

If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms then if the pupil has been prescribed an adrenaline auto injector it will be administered without delay an ambulance called and the parents informed.

14 Medical Emergencies

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

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

14.3 In a medical emergency, first aid is given, an ambulance is called, and parents/carers are notified. Should an emergency situation occur to a pupil who has an IHP, the emergency procedures detailed on the plan are followed, and a copy of the IHP is given to the ambulance crew. If applicable the pupil's emergency medication will be administered by trained school staff, if the pupils medication isn't available staff will administer the schools emergency medication with prior parental consent.

14.4 In accordance with amendments made to the Human Medicines Regulations 2012 from October 2014 a sufficient number of salbutamol inhaler(s) spacer(s) will be held by the school to cover emergency use. Parents are expected to provide 2 in date auto-injectors for administration to their child, if the school does not hold 2 in date auto-injectors for each pupil then a suitable number of auto-injectors will be purchased for use by the school in an emergency.

14.5 Parental consent to administer the 'school inhaler and/or auto-injector' will be gained when the pupil joins the school using Template 2 for asthmatics and Templates 3, 4, 5 and 6 for anaphylaxis (WSSC Care Plan Templates). The school will hold a register of the pupils diagnosed with asthma and/or anaphylaxis, and if parental consent has been given to administer the school medication. The school will be responsible for ensuring the school medication remains in date.

14.6 Instructions for calling an ambulance are displayed prominently by a telephone in the school office.

15 Controlled Drugs

15.1 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 whilst in school. Controlled drugs will be stored securely in a non-portable locked medicines cabinet in a locked room and only named staff will have access. Controlled drugs for emergency use e.g. midazolam will not be locked away and will 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 stock held in school. (Templates D and E - WSSC Administering Medicines Templates).

16 Pupils taking their own medication

16.1 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 IHP or EHC and parents should complete the self-administration section of 'Parental consent to administer medication' form (Template C- WSSC Administering Medicines Templates).

17 Storage and access to Medicines

17.1 All medicines apart from emergency medicines (inhalers, auto injectors, midazolam) must be stored in the medical room locked store cupboard where access to pupils is restricted. All relevant staff will be fully informed of the code in order to access the key safe. Medicines that require refrigeration must be kept in the medical room fridge, clearly labeled, and stored in an airtight container.

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

17.3 Emergency medicines such as inhalers, auto-injectors, or midazolam will be in the personal care of the member of staff supporting an individual pupil in a waist bag/backpack whenever they leave the classroom so that emergency medication is readily available at all times.

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

17.5 Salbutamol inhalers/ auto injectors provided by the school for emergency use will be stored in the medical room locked store cupboard.

Waste medication

18.1 Where possible staff should take care to prepare medication correctly. If too much medication is drawn into a syringe the remainder (amount above the required dose) should be returned to the bottle before administration. If only a half tablet is administered the remainder should be returned to the bottle or packaging for future administration.

18.2 If a course of medication has been completed or medication is date expired it will be returned to the parent/guardian for disposal.

19 Spillages

19.1 A spill must be dealt with as quickly as possible and staff are obliged to take responsibility/follow the guidelines. Spillages will be cleared up following the school's procedures and considering the control of infection. Any spilled medication will be deemed unsuitable for administration and if necessary parents will be asked to provide additional medication.

19.2 The school has additional procedures in place for the management of bodily fluids which are detailed in our Intimate Care Policy.

20 Record Keeping – administration of medicines

20.1 For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational or residential visits. The pupil's parent/ guardian will also be informed if their child has been unwell during the school day and medication has been administered. For record sheets see Template D and E (WSCC Administering Medicines Templates).

21 Recording Errors and Incidents

21.1 If for whatever reason there is a mistake made in the administration of medication and the pupil is:

- Given the wrong medication
- Given the wrong dose
- Given medication at the wrong time (insufficient intervals between doses)
- Given medication that is out of date
- Or the wrong pupil is given medication

Incidents must be reported to the Schools Senior Management Team who will immediately inform the pupil's parent/guardian. Details of the incident will be recorded locally as part of the schools local arrangements. Local records must include details of what happened, the date, who is responsible and any effect the mistake has caused. Senior Management will investigate the incident and change procedures to prevent reoccurrence if necessary. NB: Incidents that arise from medical conditions that are being well managed by the school do not need to be reported or recorded locally.

21.2 The adult giving the medicine must complete the appropriate form (Record of Medication Administered) 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.

21.3 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 staff must write 'ENTERED IN ERROR SHOULD READ.....' and then insert the correct entry and sign and date it.

21.4 All medicine forms must be printed onto pink paper.

22 Training

22.1 The school will ensure a sufficient number of staff complete Managing Medicines in Schools training before they can administer medication to pupils. The school will also ensure that other staff who may occasionally need to administer a medicine are trained in the procedure adopted by the school by the person who has completed the Managing Medicines course. Staff given instruction by the Lead for Medicines **MUST** complete a competency test and achieve a score of 100% in order to administer medication.

22.2 Supply and locum staff will be given appropriate instruction and guidance in order to support the pupils with medical needs in their care. All school staff are trained annually to administer an auto-injector and asthma inhaler in an emergency.

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

22.4 The school will ensure that 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 (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.

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

23 Transport to and from school

23.1 If a medical emergency occurs whilst a pupil is being transported to school the emergency services will be called and the parents informed. With parental consent and following Data Protection Law the pupil's IHP will be given to those external companies and/or staff providing transportation to and from school, (Taxi, Mini Bus etc.) in order that the care plan can be passed to the ambulance crew in the event of an emergency.

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

13.3 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.

24 Transport

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

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

24.3 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.

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

25 Educational Visits (Off - site one day)

25.1 Staff will administer prescription medicines to pupils when required during educational visits. Parents should ensure they complete a consent form (Template C - WSCC Administering Medicines Templates) and supply a sufficient amount of medication in its pharmacist's container. Non-prescription medicines as detailed in this policy can be administered by staff, pupils must not carry non-prescription medication for self-administration.

25.2 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.

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

25.4 All medicines will be in the personal care of the member of staff supporting an individual pupil in a waist bag/ backpack.

26 Risk assessing medicines management on all off site visits

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

put in place. A copy of the pupils IHP will be taken on the visit and detail arrangements relating to the management of their medication(s) during the visit should be included in the plan.

26.2 If a pupil requires prescribed or non-prescribed medication during a visit and an IHP has not been developed and the management of their medication differs from procedures followed whilst in school, the school will conduct a risk assessment and record their findings.

26.3 The results of risk assessments however they are recorded i.e. IHP, EVOLVE etc. will be communicated to the relevant staff and records kept of this communication.

27 End of year arrangements

27.1 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/ IHP should be sent home. The parent or carer should return this form with the medication at the start of the next academic year.

27.2 All existing medical forms should be archived.

28 Staff Medication

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

29 Complaints

29.1 The health, safety, and welfare of students are of paramount importance. 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 Management Committee who will seek resolution.