

Medicines in School Policy



Reviewed: June 2019

Ratified by the Management Committee:

Date of next Review: June 2021

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 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 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.

4 Non Prescription Medication

4.1 The school can only administer two non-prescription medications in school; travel sickness medication and antihistamine 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.

4.2 The school can administer one standard dose (appropriate to the age and weight of the pupil) and it is VERY important that the pupil is closely 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 an ambulance should be called and an adrenaline auto injector should be administered without delay (as identified in the pupils IHP).***

4.3 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. Antihistamine will be administered for mild reactions as detailed above.

4.4 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.

4.5 School staff must inform parents each day when medication has been administered to a pupil at home.

5 Paracetamol

5.1 Paracetamol may be used as pain relief for children under the age of 10, if a GP/Consultant/Dentist/Nurse Practitioner/School Nurse has recommended its use and parental consent is gained (Appendix 1 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 pupils' condition and the requirement for on demand pain relief must be documented on the pupils IHP/Medical Consent form. In addition to the protocol for the administration of Paracetamol detailed above the school will:

- Only administer Paracetamol for a maximum of 1 week after which a review will be undertaken to determine the need for continued treatment, and the results recorded.
- The parent or guardian will supply daily a single dose of Paracetamol for administration. This can be 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 IHP/Medical Consent form.

5.2 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 Nursing Service will be contacted for further advice.

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

6 Asthma

6.1 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.

6.2 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.

6.3 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.

7 Permission

7.1 No medicines can be given without the prior written permission of the parent. A medicine permission form (see 'Parental Consent to Administer Meds' on network (27 INTERVENTION TEAM / MEDICAL / PALATINE MEDICAL FORMS / or ask the office) 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.

7.2 Permissions are filed in the office or in specific unique hub class files with prior agreement.

7.3 Any change to drug, timing, dose etc. must be sanctioned in writing by a Health Professional and a new form completed.

7.4 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. On no account should a child come into school with medicine if he/she is unwell.

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

7.6 All pupils with long term or complex needs who require medication at school will have an individual Healthcare 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.

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

8 Training

8.1 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 (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.

8.2 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 IHCP, are trained in the procedure adopted by the school by the person who has completed the Managing Medicines course. Staff must complete a competency test and a record of this and all other medical training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required.

8.3 All staff required to administer emergency medication for epilepsy (Buccal Midazolam) and Anaphylaxis (adrenaline auto injector) will complete annual first aid training in resuscitation.

9 Recording of medication and incidents

9.1 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

These incidents must 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. NB: Incidents that arise from medical conditions that are being well managed by the school do not need to be reported.

9.2 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.

9.3 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.

9.4 All medicine forms must be printed onto pink paper.

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

9.6 For legal reasons records of all medicines administered must be stored until the pupil reaches 24 (this includes medicine administered on educational visits). All medicine forms should go into archive folders when a pupil leaves school.

9.7 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 any doses used and the amount of controlled drug held in school.

10 Storage of Medicines

10.1 All medicines (other than emergency medicines such as inhalers, Adrenaline auto injectors, Buccal Midazolam) must be stored in the medical room locked store cupboard or class locked store cupboard. All relevant staff will be 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.

10.2 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 such as Methylphenidate **MUST BE STORED SECURELY** in the medical room locked cupboard 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.

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

10.4 Emergency medicines such as inhalers, Adrenaline auto injectors, or Buccal 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.

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

10.6 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.

11 Administering medicine

11.1 Regular and occasional doses of medication will be given by school office staff and some unique hub class by arrangement. Medication will be administered as stated in the pupil's individual healthcare plan.

11.2 Stocks of medication should be monitored carefully and new supplies requested from parents or carers in a timely manner to ensure continuity of treatment. Careful attention should be given to medication that can only be open for a number of days. Date opened should be recorded on the packaging.

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

11.4 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 and must complete a 'Parental agreement for setting to administer medicine form'.

12 Emergency Medication and Procedures

12.1 Pupils needing any emergency medication such as Buccal Midazolam, Adrenaline 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.

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

12.3 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 IHCP, the emergency procedures detailed on the plan are followed, and a copy of the IHCP is given to the ambulance crew. IHCP's will also be given to those companies and staff providing transportation of pupils to and from school, in order that the IHCP can be passed to the ambulance crew in the event of an emergency. Instructions for calling an ambulance are displayed prominently by a telephone in the school office.

13 Transport

13.1 All medicines must be transported in their original form and be fully labeled. This includes medicines that are taken offsite.

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 medicines are in the bag.

13.4 For outings medicines will be in the personal care of the member of staff supporting an individual pupil in an orange medical drawstring bag.

14 Off site activities

14.1 Staff will administer prescribed medicines to pupils when required during educational visits. This may be the pupil's regular medication or medication needed for an emergency condition such as epilepsy or anaphylaxis.

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

14.3 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.

14.4 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 IHCP. 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.

14.5 On residential activities occasionally it may be necessary to administer non-prescription medicines e.g. Paracetamol for pain relief or travel sickness medication. 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.

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

14.7 The school will keep its own supply of medication for administration to pupils during a residential visit e.g. Paracetamol and parental consent will be required in order for the school to administer the supply. The medication will be stored and administration recorded as for prescription medicines. Pupils should not bring any non-prescribed medication on the residential visit for self-administration.

15 End of year/Start of Year

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

15.2 All existing medical forms should be archived.

15.3 The parents or carers of new students who are joining Palatine school will be sent a copy of the form (Parental agreement for school to administer medicine) to complete when the pupil has a place at the school.

16 Staff Medication

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

17 Unacceptable Practice

17.1 Each student's medication needs will be followed in accordance with their IHCP. 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.

18 Implementation, Monitoring and Review

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

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

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

19 Organisation

19.1 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.

19.2 The lead for the management of medicines at Palatine School is Frances Hodges (Lead Teacher for Complex Medical Needs) or in their absence Linda Nobbs (School Office). In their duties staff will be guided by their training, this policy and related procedures.

20 Insurance

20.1 Staff who follow the procedures outlined in this policy and who undertake tasks detailed in the WSCC medical audit are covered under WSCC insurance. The medical audit is available to view on West Sussex Services for Schools 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.

21 Complaints

21.1 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.