



Upper Beeding Primary School

# Managing Medicines in School

November 2018

Adapted for Upper Beeding Primary School from West Sussex County Council Model Policy dated 1<sup>st</sup> November 2018

## **01 - 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 Governing Body of Upper Beeding Primary School will ensure that these arrangements fulfil their statutory duties and follow guidance outlined in 'Supporting pupils at school with medical conditions December 2015'.

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.

## **02 – Organisation**

The Governing Body will develop policies and procedures to ensure the medical needs of pupils at Upper Beeding Primary School are managed appropriately. They will be supported with the implementation of these arrangements by the Head Teacher and school staff.

The lead for the management of medicines at Upper Beeding Primary School is Miss Lou Brown or in her absence Mrs Christine Gilliam. In their duties staff will be guided by their training, this policy and related procedures.

## **03 – Implementation, Monitoring and Review**

All staff, Governors, parents/carers, and members of the Upper Beeding Primary School community will be made aware of, and have access to, this policy. This policy will be reviewed bi-annually and its implementation reviewed as part of the Head Teacher's annual report to Governors.

## **04 - Insurance**

Staff who follow the procedures outlined in this policy and who undertake tasks detailed in the RMP Medical Malpractice Treatment Table are covered under WSCC insurance policies. The medical audit is available to view on West Sussex Services to Schools '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.

## **05 - Admissions**

When the school is notified of the admission of a pupil with medical needs, the lead for the management of medicines will seek parental consent to administer short term ad-hoc non-prescriptions medication (*Appendix Two Template B*). An assessment of the pupil's medical needs will be completed. This might include the development of an Individual Health Care Plans (IHCP) or Education Health Care Plans (EHCP) 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.

## **06 - Pupils with Long-term or Complex Medical Needs**

The school will follow Government guidance and develop an IHCP or EHCP for pupils who:

- have long term, complex or fluctuating conditions – these will be recorded (*Appendix 1 Template 1*).
- require medication in emergency situations – these will be recorded (*Appendix 1 Template 2 for asthmatics, Templates 3,4, 5 & 6 for anaphylaxis*).

Parents/carers 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/carers, 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.

## **07 - All Prescribed and Non-Prescribed Medication**

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/carer and, if necessary, the emergency services. Pupils should not bring any medication to school for self-administration.

The school will keep a small stock of paracetamol and antihistamine for administration with parental consent (*Appendix Two Template B*) for symptoms that arise during the school day. All other medication must be supplied by the parent/carer in the original pharmacist's container clearly labelled, 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 (*Appendix Two Template C and/or C1*). The school will inform the parent/carer of the time and dose of any medication administered at the end of each day by telephone or in person.

## **08 - Confidentiality**

As required by the General Data Protection Regulations (GDPR) 2018, 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 IHCP or EHCP. 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.

### **09 - Consent to administer medication**

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

**Short term ad-hoc non-prescribed medication** - the school will request parent/carers consent (*Appendix Two Template B*) to administer ad-hoc non-prescription medication when the pupil joins the school. The school will send annual reminders requesting parents/carers to inform the school if there are changes to the consent gained when the child joined the school. If the school is not informed of any changes by the parent/carers, it will be assumed that consent remains current.

**Prescribed and non-prescribed medication** - each request to administer medication must be accompanied by the required consent (*Appendix Two Template c and/or Template C1*, or, if applicable, on the IHCP).

### **10 - 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. Administration will be recorded (*Appendix Two Template D or Template E*) and the parent/carers informed. Parents/carers are expected to remove any remaining medicine from school once the prescribed course has been completed.

Occasionally a GP may prescribe a medicine that has to be taken during the school day. Parents may call into the school and administer medicine to their child (*Appendix Two Template E*), or they may request that a member of school staff administers the medicine. When school staff administer medicines, the parent/carers must supply the medicine in the original pharmacist's container clearly labelled including details of possible side effects (PIL) to the school office and must complete a consent form (*Appendix Two Template B*). On no account should a child come to school with medicine if he/she is unwell.

### **11 - Non-Prescription Medicines**

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 nutritional supplements unless prescribed or recommended by a Doctor and detailed on an IHCP or EHCP 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 for prescription medicines.

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:

- Liquid paracetamol (age relevant)
- Liquid antihistamine

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

- the parent/carer confirms daily the time the medication was last administered and this is recorded (*Appendix Two Template C1*)
- 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/carer in the original packaging with the manufacturer's instructions and PIL
- parent/carer consent has been completed (*Appendix Two Template C and Template C1*) and confirmation received that the medication has been administered previously without adverse effect

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. Any requirement for a non-prescription medication to be administered during school hours for longer than 48 hours must be accompanied by a Doctor's note. In the absence of a Doctor's note and if following the administration of a non-prescription medication symptoms have not begun to lessen in the first 48 hours, the school will advise the parent to contact their Doctor. If symptoms have begun to alleviate, the medication can continue to be administered at home out of school hours. Under very exceptional circumstances where the continued administration of a non-prescribed medication is required to keep the pupil in school and this requirement has not been documented by a medical professional, the school will continue to administer medication at their own discretion.
- 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/carers will be advised to contact their Doctor.
- skin creams and lotions will only be administered if prescribed and with parent/care consent (*Appendix Two Template C*).
- medication that is sucked i.e. coughs sweets or lozenges, will not be administered by the school.
- if parents/carers 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.

## **12 - Short Term Ad-Hoc Non-Prescribed Medication**

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

Only the following will be administered following the necessary procedures:

- For relief from pain - standard paracetamol in liquid form (i.e. Calpol) will be administered for the relief of pain i.e. period pain, migraine.
- For mild allergic reaction – standard antihistamine in liquid form (i.e. Piriton) – see 14 Anaphylaxis.
- For travel sickness – medication will be administered if required before educational visits and must be age appropriate and supplied by the parent/carer in its original packaging with the PIL if available.

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.

### **12a - Pain Relief Protocol for the Administration of Paracetamol.**

If a request for non-prescribed pain relief is made by a pupil or staff member (advocate for a non-verbal/non-communicating pupil) before 12:00pm:

- The school will contact the parent/carer and confirm that a dose of pain relief was not administered before school. Parents/carers and if appropriate the pupil will also be asked if they have taken any other medication containing pain relief medication i.e. decongestants such as Sudafed, cold and flu remedies such as Lemsip, medication for menstrual cramps such as Feminax, and these conversations will be recorded. If confirmed that a dose of pain relief has not been administered in the past 4 hours, the school will, with parental consent, administer 1 dose (*Appendix Two Template E*).
- If the school cannot contact the parent/carer and, therefore, cannot confirm if pain relief was administered before school, the school will refuse to administer pain relief until after 1:00pm.

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

- The school will not administer paracetamol until 4 hours have elapsed since the last dose, and no more than 4 doses can be administered in 24 hours.

If a request for pain relief is made after 1:00pm:

- The school will assume the recommended time between doses has elapsed, but will confirm with the parent/carer and the child, if appropriate, before administering 1 standard dose of liquid paracetamol. This will be recorded (*Appendix Two Template E*).

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.

### **13 - Asthma**

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 WSCC 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 pupil's parent/carer to provide a second inhaler if the child's asthma is severe. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required. A record of this communication will be kept.

The school will purchase a salbutamol inhaler for use in an emergency, and this will always be used with a spacer, as outlined in the Asthma Toolkit. The school will be responsible for ensuring this inhaler remains in date.

The school will hold a register of all the pupils diagnosed with asthma, will develop IHCPs for those pupils with severe asthma, and complete and individual protocol for pupils with mild asthma.

## **14 - Anaphylaxis**

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 recommendation that all staff are trained in the administration of auto injectors and that training is renewed annually. A record of this training will be kept.

In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) advice the school will ask parents/carers to provide 2 prescribed 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. A record of these communications will be kept.

### **14a - Mild Allergic Reaction**

Non-prescription antihistamine will be administered, with parental consent, 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.

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

### **14b - Hay Fever**

Parents will be expected to administer antihistamine to their child before the start of the school day if they suffer from hay fever. The school will only administer antihistamine for symptoms of allergic reaction and not as a precautionary measure.

### **14c - 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 IHCP. The school will administer 1 standard dose of liquid 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 further, 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.***

## **15 - Medical Emergencies**

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 or EHCP, the emergency procedures detailed in the plan are followed, and a copy of the IHCP or EHCP is given to the ambulance crew. If applicable the pupil's emergency medication will be administered by trained school staff. If the pupil's medication isn't available, staff will administer the school's emergency medication with prior parental consent.

In accordance with amendments made to the Human Medicines Regulations 2012 from October 2014 a salbutamol inhaler and spacer 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 in school. If the school does not hold 2 in date auto-injectors for each pupil, then a suitable number of auto-injectors may be purchased for use by the school in an emergency.

Parental consent to administer the school inhaler and/or auto-injector will be gained when the pupil joins the school (*Appendix 1 Template 2 for asthmatics and Templates 3, 4, 5 and 6 for anaphylaxis*). The school will hold a register of the pupils diagnosed with asthma and/or anaphylaxis, and whether parental consent has been given to administer the school medication. The school will be responsible for ensuring the school medication remains in date.

Instructions for calling an ambulance are displayed prominently by the telephones in the main school office, staff room, modular building, and old building (*Appendix 2 Template G*).

## **16 - 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 e.g. midazolam 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 (*Appendix 2 Template D and Template E*).

## **17 - 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 IHCP or EHCP and parents should complete the self-administration section of the consent form (*Appendix 1 Template C*).

## **18 - Storage and Access to Medicines**

All medicines apart from emergency medicines (inhalers, adrenaline auto injector, midazolam etc.) will be kept securely where access by pupils is restricted. 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 their medication.

Emergency medicines such as inhalers, adrenaline auto injectors and midazolam must not be locked away, and are stored in the school medical room. If appropriate, certain emergency medication can be held by Year 5/6 pupils, 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 and/or asthma inhaler (if the child is severely asthmatic) for each child and they will be kept in the school medical room. Staff must ensure that emergency medication is readily available at all times i.e. during outside P.E. lessons, educational visits and in the event of an unforeseen emergency like a fire.

Medicines that require refrigeration are kept in the fridge in the school office kitchen area to which pupil access is restricted, and will be clearly labelled in an airtight container. There are specific arrangements in place for the storage of controlled drugs.

### **19 - Waste Medication**

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.

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

### **20 - Spillages**

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 schools 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.

If the school holds any cytotoxic drugs, their management will be separately risk assessed and Health and Safety Executive (HSE) guidance will be followed.

### **21 - Record Keeping – Administration of Medicines**

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 visits. A parent/carer will be informed if their child has been unwell during the school day and medication has been administered. All information will be recorded on the appropriate record sheets as outlined in Appendix 1 and Appendix 2.

### **22 - Recording Errors and Incidents**

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/carer. 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.

### **23 - Staff Training**



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.

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 by the School Nurse to administer an auto-injector and asthma inhaler in an emergency.

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.

The school will ensure that the staff who administer medicine for specific chronic conditions are trained to administer those specific medicines, for example Diabetes (insulin) and Epilepsy (midazolam). Training in the administration of these specific medicines is arranged via the School Nurse.

#### **24 - Medicines on Educational Visits – Off-Site One Day**

Staff will administer prescription medicines to pupils when required during educational visits. Parents should ensure they complete a consent form (*Appendix 2 Template C*) and supply a sufficient amount of medication in its pharmacist's container with the PIL. Non-prescription medicines as detailed in this policy can be administered by staff. Pupils must not carry non-prescription medication for self-administration.

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 - Medicines on Residential Visits – Overnight Stays**

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 as described in this policy i.e. anti-histamine to pupils suffering from an allergic reaction or paracetamol for acute pain from things like headache, period pain, or toothache. Parents must give written consent prior to the residential visit and sign to confirm that they have administered the medication without adverse effect.

The school will keep its own supply of non-prescription liquid antihistamine and age relevant liquid paracetamol for administration to pupils during a residential visit and parental consent will be required in order for the school to administer their supply (*Appendix 2 Template C and Template C1*). The medication will be stored and administration recorded as for prescription medicines. Pupils should not bring non-prescribed medication on the residential visit for self-administration.

#### **26 - Risk Assessing Medicines Management on all Off-Site Visits**

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

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

If a pupil requires prescribed or non-prescribed medication during visit and an IHCP or EHCP 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.

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

## **27 - 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.

UBPS Managing Medicines in Schools Policy should be read in conjunction with the following guidance:

WSSC Asthma Toolkit

Appendix 1 - WSSC Health Care Plans Templates

Appendix 2 - WSSC Administering Medicines in Schools Templates

DfE Supporting Children in School with Medical Conditions