

# Managing Medicines in School Policy



## **Statement of Intent**

Section 100 of the Children and Families Act 2014 places a duty on 'governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting pupils at their school with medical conditions'. The governing body of Vale School will ensure that these arrangements fulfil their statutory duties and follow guidance outlined in 'Supporting pupils at school with medical conditions December 2015'.

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.

## **Organisation**

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

The overall management of medicines will be undertaken by the School Business Manager under the direction of the Headteacher. The day to day lead for the implementation of the policy will be the school Office Administrators, but all staff are expected to adhere to this policy and procedures at all times, to ensure that pupils remain safe and supported whilst at school.

In their duties staff will be guided by their training, this policy and related procedures.

## **Implementation monitoring and review**

All staff, governors, parents/carers and members of the (Vale School) community will be made aware of and have access to this policy. This policy will be reviewed annually and its implementation reviewed as part of the Headteacher's termly report to Governors.

## **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 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.

## **Admissions**

When the school is notified of the admission of a pupil with medical needs, an assessment of the medical needs will be completed, which may include the development of an Individual

Health Care Plan (IHCP) or Education Health Care Plan (EHCP) and may 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.

For pupils from Year 5 upwards, the school will seek parental/guardian consent to administer short term, ad hoc, non-prescription medication using appropriate template: Parental/guardian consent to administer short term non prescribed ad hoc medicines.

### **Pupils with 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 detailed using the appropriate form
- Require medication in emergency situations – these will be detailed using the appropriate forms for mild asthmatics and for anaphylaxis .

Parents/guardians should provide the Headteacher 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. Health care plans will be reviewed by the school annually or earlier if there is a change in a pupil's medical condition.

### **All prescribed and non-prescribed medication**

Parents may call into the school and administer medicine to their child. In exceptional circumstances, which will be decided on a case by case basis, a member of the senior leadership team may approve a request from a parent/carer that a member of school staff administers non prescribed 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** be sent to school with any medication for self administration without the parents/carers first completing the appropriate consent forms.

For pupils of Year 5 upwards the school will keep a small stock of paracetamol, and antihistamine, for administration with parental consent, for symptoms that arise during the school day. All other medication must be supplied by the parent/guardian in the original pharmacist's container clearly labelled and include details of possible side effects e.g. manufacturer's instructions and patient information leaflet (PIL). It is the **responsibility of the parent** to provide this information. If the patient information leaflet is not provided with the medication, parents can obtain it by accessing Electronic Medicines Compendium [http:// www.medicines.org.uk/emc/](http://www.medicines.org.uk/emc/)

Medicines must be delivered to the school office and the appropriate consent form completed. The school will inform the parent/guardian of the time and dose of any medication administered.

### **Confidentiality**

As required by the General Data Protection Regulations 2018, school staff should treat medical information confidentially. Staff will consult with the parent/guardian, 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.

### **Consent to administer medication**

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

- **Prescribed and non-prescribed medication** - each request to administer medication must be accompanied by 'Parental consent to administer medication form
- **Short term ad-hoc non-prescribed medication** for Paracetamol and antihistamine-  
**For Pupils from Year 5 upwards** The school will request parental/guardian consent using the appropriate form to administer these ad-hoc non-prescription medications when the pupil moves to Year 5. The school will send annual reminders, through the school bulletins, requesting that parents/guardians 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.

**For pupils below Year 5 – If pain relief or antihistamine is required the school will contact the parent to discuss the situation and, if appropriate, the parent will be asked to come into school to administer their own medication.**

### **Prescription Medicines**

Medicine should only be brought into 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 the appropriate template and the parent/guardian informed. Parents/guardians are expected to remove any remaining medicine from school once the prescribed course has been completed. If medication remains uncollected after 3 weeks the school will take the medication to the pharmacy for disposal.

### **Non-prescription Medicines**

Where it is deemed that administration of non-prescribed medication is required to allow the pupil to remain in school, parents will be asked to call into school to administer. In exceptional circumstances, as decided by the senior management team, the school may 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 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 of non-prescription medication will be the same as for prescription medicines.

### **For Year 5 upwards**

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, subject to the administration guidance supplied by WSCC:

- paracetamol
- antihistamine

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

- a member of the Senior leadership team has approved the administration;
- the parent/guardian confirms daily the time the medication was last administered and this is recorded on the appropriate form;
- 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);
- it is accompanied by the appropriate parental/guardian consent and confirmation the medication has been administered previously without adverse effect;

The school will **NOT** administer non-prescription medication:

- as a preventative, i.e. in cases where 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; any requirement for the administration of non prescribed medication for more than 48 hours must be accompanied by a note from the pupils general practitioner( GP) confirming dose and length of administration.

In the absence of a Doctors note and if symptoms have begun to alleviate, the medication can continue to be administered out of school hours. In very exceptional cases, the schools can continue to administer the medication if required to keep the pupil in school where it has not been documented by a medical professional at their own discretion.

- if 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
- 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.
- Skin creams and lotions will only be administered in accordance with the Schools Intimate Care Policy and procedures.
- Medication that is sucked i.e. coughs sweets or lozenges, will **not** be administered by the school.

### **Short term ad-hoc non-prescribed medication**

#### **For Pupils from Year 5 upwards**

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
  - o Standard Paracetamol will be administered in liquid or tablet form for the relief of pain i.e. period pain, migraine.
- For mild allergic reaction – Standard Piriton (see Anaphylaxis)

Travel Sickness For All pupils:

- For the majority of day trips parents will be expected to administer the medication prior to arrival at the school.
- For residential trips and trips departing after 12.00, parents will be asked to complete a separate form to allow the school to give travel sickness medication. If medication is required it must be age appropriate and supplied by the parent/carer, in its original packaging with the PIL. The school will not hold a supply of travel sickness medication.

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.

### **Pain relief protocol for the administration of paracetamol**

#### **For Pupils EY – Yr 4**

**Any request for pain relief will be referred to the parent. If it is decided that pain relief is required then that parent may come to the school and administer the medication**

#### **For Pupils Year 5 and Upwards**

If a request for non-prescribed pain relief is made by a pupil before 12pm:

- The school will contact the parent/guardian to gain verbal consent and confirmation 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 in the school records
- If the school cannot contact the parent/guardian and therefore cannot gain consent or confirm if pain relief (Paracetamol) was administered before school, then the school will not administer pain relief.

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.

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

- The school will contact the parent/carer to gain verbal consent

- The school will confirm with the parent that the recommended time between doses has elapsed and will, if authorised to do so, administer 1 standard dose of PARACETAMOL, and this conversation will be recorded on the school records.
- 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.

### **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 Asthma Toolkit. Pupils with asthma will be required to have 2 inhalers and 2 spacers in school (one to be kept in the classroom and one in the medical room). 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. 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 IHCPs for those pupils with severe asthma, and complete the Individual Protocol for pupils with mild asthma.

### **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, who recommend that all staff are trained in the administration of auto injectors and that training is renewed annually.

In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) advice, the school will request parent/guardian(s) 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.

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 the administration of the medication i.e. P.E., Science, Design and Technology.

### **Mild Allergic Reaction**

#### **For pupils EY – Yr 4**

If a pupils develops symptoms of mild allergic reaction, the pupil will be monitored for signs of further allergic reaction and the parent contacted. If antihistamine is not part of an initial treatment plan, the parent can call into school to administer medication. If the allergic reaction symptoms become more severe the school will contact the emergency services.

#### **For pupils Yr 5 and Upwards**

For symptoms of mild allergic reaction (e.g. itchy eyes or skin, rash or/and redness of the skin or eyes), the parent will be contacted to request verbal consent to administer antihistamine and the child monitored for signs of further allergic reaction.

If the parent cannot be contacted or consent is not given, the antihistamine will not be administered. Records of these communications will be kept. The child will continue to be monitored and if symptoms develop the emergency services will be contacted.

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 PE, Science and DT

### **Hayfever**

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

### **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 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, if 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.***

### **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 pupils medication isn't available staff will administer the schools emergency medication with prior parental consent.

In accordance with amendments made to the Human Medicines Regulations 2012 from October 2014 a sufficient number of salbutamol inhalers and spacers will be held by the school to cover emergency use. Parents are required to provide 2 in date auto-injectors for administration to their child.

The school may, at its own discretion, purchase auto injectors for use in an emergency. These are not an alternative to the parent supplied auto injectors and are for use only if the parent supplied auto injectors fail or are out of date.

Parental consent to administer the 'school inhaler and/or auto-injector' will be gained when the appropriate form for asthmatics and for anaphylaxis are completed by the parent/carer. The school will hold a register of those 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.

Instructions for calling an ambulance are displayed prominently by the telephone in the medical room.

### **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 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.

### **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 appropriate consent form 'Parental consent to administer medication' form.

### **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. If appropriate, certain emergency medication can be held by the pupil, or kept in a clearly identified container in his/her classroom. The school will make an assessment as to the competency of each individual pupil to carry their own medication. Parents will be asked to supply a second adrenaline auto injector and/or asthma inhaler for each child and they will be kept in the school office. Staff must ensure that emergency medication is readily available at all times i.e. during outside P.E. lessons, educational visits and in the event of an unforeseen emergency like a fire.

Medicines that require refrigeration are kept in the medical room fridge, 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.

### **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 if the medication is past its expiry date, it will be returned to the parent/guardian for disposal. If not collected within three weeks the school will take to the pharmacy for disposal.

### **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 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.

The school has additional procedures in place for the management of bodily fluids, which are detailed in the HSE 'Cleaning Up Body Fluids' guidance.

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

### **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 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 the appropriate form.

### **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 School's Senior Management Team who will immediately inform the pupil's parent/guardian. Details of the incident will be recorded locally as part of the school's 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.

### **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 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.

### **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 and supply a sufficient amount of medication in its pharmacist's container. In exceptional cases, 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.

### **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. antihistamine to pupils suffering from an allergic reaction or paracetamol for acute pain from things like headache, period pain, toothache etc. 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 the following non-prescription medication, paracetamol and antihistamine, for administration to pupils during a residential visit and parental consent will be required in order for the school to administer their supply. 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.

### **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 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 the 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.

Travelling abroad – a risk assessment will be developed considering parental and medical advice and documented on the pupils IHCP or EHCP. If an IHCP or EHCP has not been developed, the school will record their findings. Best practice would be to translate these documents to the language of the country being visited. The international emergency number should be on the care plan (112 is the EU number). European Health Insurance Cards (EHIC) should be applied for by parents and supplied to the school prior to travel for all pupils that travel abroad.

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

### **Complaints**

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