Upper Beeding Primary School

Managing Medicines in School

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 Upper Beeding Primary School will ensure that these arrangements fulfil their statutory duties and follow guidance outline in 'Supporting pupils at school with medical conditions' April 2014'.

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.

Signed: M Gordon Chair of Governors Date Nov 2015

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 Mrs Vanessa Maskell or in their absence Mrs Christine Gilliam 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 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 and as part of the Head teacher's annual report to Governors.

Insurance

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 WSGfL 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.

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.

Occasionally a GP may prescribe a medicine 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. When school staff administer medicines, the parent or guardian must supply the medicine in the original pharmacist's container clearly labelled including details of possible side effects to the school office and must complete a 'Parental agreement for setting to administer medicine' form (Appendix 1 Template B). On no account should a child come to school with medicine if he/she is unwell.

Non-prescription Medicines

Only 2 non-prescription medications will be administered in school, all other non-prescription medication will not be administered at school and pupils should not bring them to school for self-administration. The majority of medication lasts 4-6 hours, therefore non-prescription medication can be administered at home prior to the start of the school day and it will last the duration of the school day. A parent or guardian may attend school to administer additional doses if necessary.

Only non-prescription travel sickness medication and antihistamine (Piriton) can be administered in school. Antihistamine can only be administered where a GP/Consultant has recommended or prescribed antihistamine for the treatment of a mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes,) The school can 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 an adrenaline auto injector should be administered without delay and an ambulance called.*** Piriton can cause drowsiness and therefore the school will consider if it is necessary for pupils to avoid any contact with equipment that might cause harm i.e. P.E. Science, Design and Technology.

Mild Allergic Reaction
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.

Severe Allergic Reaction
An adrenaline auto injector should be used immediately in a severe reaction (see Pupils Individual Health Care Plan for details). If in doubt about the severity of an allergy reaction, administer the adrenaline auto injector and call an ambulance immediately

Hay fever - Piriton for the treatment of hay fever, parents should administer antihistamine before the pupil starts school, it is not necessary for schools to administer antihistamine for the treatment of hay fever.

These 2 non-prescription medications will be administered by staff providing they are supplied in the original packaging and accompanied by a 'Parental agreement for setting to administer medicine' form (Appendix 1 Template B). Medication must be suitable for the pupil's age, supplied by the parent (not the school) and in its original packaging, with manufacturer's instructions. Staff will 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. The use of antihistamine will be detailed on the pupils Individual Health Care Plan. The medication will be stored and administration recorded as for prescription medicines. The school will inform the parent / guardian the time and dose of the non-prescription medication that has been administered, at the end of each day.

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 must also 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 held in school. (Appendix 1 Templates C and D)

Pupils with Long-term or Complex Medical Needs

Parents or 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, 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. For pupils with significant needs, arrangements will be documented in an Individual Healthcare Plan (IHP) or Educational Health and Care plan (EHC). These plans will be reviewed by the school annually or following a significant change in a pupil's medical condition.

Admissions

When the school is notified of the admission of a pupil with medical needs the Lead for Managing Medicines will complete an assessment of the support required. This might include the development of an IHP and 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.

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 individual health care plan and parents should complete the relevant section of 'Parental agreement for setting to administer medicine' form (Appendix 1 Template B).

Staff Training

The school will ensure that the staff who administer medicine to control specific chronic conditions are trained to administer those specific medicines, for example, Anaphylaxis (adrenaline auto injector), Diabetes (insulin) Epilepsy (midazolam). Training in the administration of these specific medicines is arranged via the school nurse. A record of training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required. (Appendix 1 Template E)

The school will also ensure that other staff who may occasionally need to administer a prescribed medicine supplied by the parent with a valid consent form and, or an IHP, are trained in the procedure adopted by the school by the person who has completed the Managing Medicines course. A record of training must be

maintained to show the date of training for each member of staff and when repeat or refresher training is required. (Appendix 1 Template E)

The school will ensure that a record is made of every dose of medicine administered in school. This record is completed by the person that administers the medicine. See Appendix 1 record of medicine administered to an individual child Template C and Template D record of medicines administered to all children – see WSCC Supporting pupils with medical conditions' Templates.

Storage and Access to Medicines

All medicines apart from emergency medicines (inhalers, adrenaline auto injector, etc.) are kept in a locked store cupboard. 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 the medication in an emergency.

Emergency medicines such as inhalers and adrenaline auto injector are either 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 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 PE lessons, educational visits and in the event of an unforeseen emergency like a fire. In accordance with the Human Medicines (Amendment No 2) Regulations 2014 the school will keep a small supply of salbutamol inhalers for emergency use. Parental consent will be gained to administer the emergency school inhaler.

Medicines that require refrigeration are kept in the staffroom fridge, clearly labelled in an airtight container.

Record Keeping

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 or guardian will be informed if their child has been unwell during the school day. For record sheets see Appendix 1 'record of medicine administered to an individual child' Template C and 'record of medicine administered to all children' Template D.

Emergency Procedures

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. IHP's will also be given to those companies and staff providing transportation of pupils to and from school, in order that the IHP can be passed to the ambulance crew in the event of an emergency. Instructions for calling an ambulance are displayed prominently by the telephone in the school office. (Appendix 1 Template F)

Medicines on Educational Visits

Staff will administer prescription medicines to pupils when required during educational visits. Parents should ensure they complete a consent form (Appendix 1 Template B) and to supply a sufficient supply of medication in its pharmacist's container. Non-prescription medicines (apart from travel sickness medication and antihistamine for mild allergic reaction) cannot be administered by staff and pupils must not carry them for self-administration.

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

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.

Medicines on Residential Visits

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 i.e. paracetamol, anti-histamine etc. to pupils suffering acute pain from things like migraine, period pain, toothache. Parents must give written consent prior to the residential visit using a, 'Parental agreement for setting to administer medicine' form (Appendix 1 Template B) before non-prescription medication can be given. Staff will 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.

The school will keep its own supply of standard paracetamol tablets and liquid suspension for administration to pupils during a residential visit 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 paracetamol (or other types of painkillers) on the residential visit for self-administration.

Travelling Abroad

Children with medical needs will be encouraged to take part in visits. The responsible member of staff will carry out a specific and additional risk assessment and a care plan will be drawn up considering parental and medical advice. 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.

Complaints

Issuing 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.

Appendix 1 – WSCC Supporting pupils at school with medical conditions – templates. Available from WSGfL H&S A-Z under Child Health.