



# Three Bridges Primary School

## Medicines

## Policy

**Approval Date: March 2018**  
**Reviewed: September 2020**  
**Review Date: September 2022**

**Headteacher:** ..... *Temberson* .....

## **Medicines policy**

A number of forms are referred to in this policy. These have been designed using the West Sussex County Council (WSCC) 'Templates – Supporting pupils with medical conditions' September 2017 and WSCC Care Plan Templates September 2017. The Asthma Toolkit is also available from the Child Health page within West Sussex Services for Schools

### **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 Three Bridges Primary school will ensure that these arrangements fulfil their statutory duties and follow guidance outline 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.

Agreed by Chair of Governors

Date: March 2018

## **Organisation**

The governing body will develop policies and procedures to ensure the medical needs of pupils at Three Bridges Primary school are managed appropriately. They will be supported with the implementation of these arrangements by the Headteacher and school staff.

The Leads for Managing Medicines at Three Bridges Primary school are Kim Reilly and Theresa Davis, our school First Aiders. 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 Three Bridges 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 Headteacher's termly reporting 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 the Lead for Managing Medicines will seek parental consent to administer short term-ad-hoc non-prescriptions medication using the school's form '**Administration of short-term non-prescribed 'ad-hoc' medicines (Parent/Carer Consent)**'. An assessment of the pupil's medical needs will be completed. This might include the development of an Individual Health Care Plan (IHCP) or Education Health Care Plans (EHC) 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.

## **Pupils with medical needs**

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

- Have long term, complex or fluctuating conditions – these will be detailed using the school's **Individual Health Care Plan (IHCP)** form.
- Require medication in emergency situations – these will be detailed using the school's '**Individual Protocol for Mild Asthma**' form for mild asthmatics and the **school's 'Individual Protocol for Antihistamine as an Initial Treatment Protocol for Mild Allergic Reaction'**, or the '**Individual Protocol for an Auto Injector**' for anaphylaxis.

Parents/carers should provide the Headteacher, or Deputy Headteacher/Assistant 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/carers, Headteacher, 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.

### **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, 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 consent form '**Administration of Medication (Parent Consent)**'. The school will inform the parent/carer of the time and dose of any medication administered at the end of each day by receipt of the '**Your Child was Administered Medication Today**' form.

### **Confidentiality**

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

### **Consent to administer medication**

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

- **Short term ad-hoc non-prescribed medication** - The school will request parent/carer consent using the '**Parent/Carer Consent to Administer Short-Term Non-Prescribed Ad-hoc Medicines**' form that will be included on the enrolment form 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 consent. If the school is not informed of any changes by the parent/carer it will be assumed that consent remains current.
- **Prescribed and non-prescribed medication** - each request to administer medication must be accompanied by the form '**Administration of Medication**' and if applicable on the IHCP.

### **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 using the '**Record of Medicine Administered**' form on the reverse of the Administration of Medication form and also on the '**Record of Medicine Administered to All Children**' form (there is one for each Medical Room – EYFS, KS1 and KS2) to be completed for all medication administered within that section of the school, and the

parent/carer informed. Parents/carers are expected to remove any remaining medicine from school once the prescribed course has been completed.

### **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 nutrition supplements unless prescribed or recommended by a Doctor and detailed on an IHCP or EHC as part of a wider treatment protocol. As recommended by the Government in Supporting Pupils at School with Medical Conditions December 2015 the school will also not administer Aspirin unless prescribed. The storage and administration for non-prescription medication will be treated as prescription medicines.

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

- Paracetamol (to pupils of all ages)
- 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 on the '**Administration of Medication**' 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 carer in the original packaging with the manufacturer's instructions and/or (PIL);
- and accompanied by the form '**Administration of Medication**' including confirmation 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 – parents will be advised if symptoms persist to contact their Doctor;
- A request to administer the same or a different non-prescription medication that is for the same/initial condition will not be repeated for 2 weeks after the initial episode; and not for more than 2 episodes per term - it will be assumed that the prolonged expression of symptoms requires medical intervention, and parents/carers will be advised to contact their Doctor.
- 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.

- 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.

### **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 will be administered in liquid or tablet form (as held by the school) for the relief of pain i.e. period pain, migraine.
- For mild allergic reaction – Standard Antihistamine (as held by the school).  
(see 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.

### **Pain relief protocol for the administration of Paracetamol and Ibuprofen**

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

- The school will contact the parent/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 e.g. Sudafed, cold and flu remedies e.g. Lemsip etc. and these conversations will be recorded.
- If the school cannot contact the parent/carer and therefore cannot confirm if pain relief (Paracetamol) was administered before school then the school will refuse to administer pain relief.

### **The school will not administer Ibuprofen unless prescribed by the child's Doctor/Health Care Specialist.**

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 assume the recommended time between doses has elapsed and will administer 1 standard of dose of PARACETAMOL without any need to confirm this with

the parent/carer but if appropriate the pupil will still be asked if they have taken any other medication containing pain relief medication and this conversation will be recorded.

The school will inform the parent/carer 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 an emergency inhaler and a spacer (if prescribed) in school. The school will ask the pupils parent or carer 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 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 **IHCP's 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 recommendation 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 ask parent/ carer(s) to provide 2 auto-injectors for school use. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept.

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

### **Mild Allergic Reaction**

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

### **Hay fever**

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

### **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 pupil's 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 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.***

### **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 EHC, the emergency procedures detailed in the plan are followed, and a copy of the IHCP or EHC 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 sufficient number of salbutamol inhaler(s) spacer(s) will be held by the school to cover emergency use. Parents are expected to provide 2 in date auto-injectors for administration to their child, if the school does not hold 2 in date auto-injectors for each pupil then a suitable number of auto-injectors will be purchased for use by the school in an emergency.

Parental consent to administer the 'school inhaler and/or auto-injector' will be gained when the pupil joins the school using the '**Individual Protocol for Mild Asthma**' for asthmatics and the '**Individual Protocol for Antihistamine as an Initial Treatment Protocol for Mild Allergic Reaction**', or the '**Individual Protocol for an Auto Injector**' for anaphylaxis. The school will hold a register of the pupils diagnosed with asthma and/or anaphylaxis, and if parental consent has been given to administer the school medication. The school will be responsible for ensuring the school medication remains in date.

Instructions for calling an ambulance are displayed prominently by the telephone in all offices. (**Contacting Emergency Services**).

### **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. (Record of Medicine Administered to an Individual Child and Record of Medicine Administered to all Children).

### **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 EHC and parents should complete the self-administration section of '**Administration of Medication (Parent Consent)**' 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.

**On the Lower site:** the second auto-injector is stored in the classroom; the second asthma inhaler is stored in the medical room; the school's auto-injector and asthma inhaler is stored in the medical room.

**On the Upper site** the second auto injector and/or asthma inhaler is stored in the 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 medical rooms on both sites 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 see above.

### **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.

### **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.

### **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/carer will also be informed if their child has been unwell during the school day and medication has been administered. For record sheets see Record of Medicine Administered to an Individual Child and Record of Medicine Administered to All Children.

### **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 Leadership Team who will immediately inform the pupil's parent/carer. 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 Leadership 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) Epilepsy (midazolam). Training in the administration of these specific medicines is arranged via the school nurse.

### **Transport to and from school (SSC children)**

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

### **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 (**Administration of Medication**) and supply a sufficient amount of medication in its pharmacist's container. Non-prescription medicines as detailed in this policy can be administered by staff, pupils must not carry non-prescription medication for self-administration.

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 Anti-histamine) for administration to pupils during a residential visit and parental consent will be required in order for the school to administer their supply ('**Record of Medicine Administered to an Individual Child**' and '**Record of Medicine Administered to all Children**'). 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 EHP will be taken on the visit and detail arrangements relating to the management of their medication(s) during the visit should be included in the plan.

If a pupil requires prescribed or non-prescribed medication during visit and an IHCP or EHP 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 EHP. If an IHCP or EHP 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. IHCP, EHP etc. will be communicated to the relevant staff and records kept of this communication.

### **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 – Summary guidance medicines policy**

**Previous Managing Medicines Policy approved February 2017**