

| Policy Title | Medicines in School Policy | | | |
|-------------------------------|-----------------------------------------------------------------------------------------------------------------------------|--|--|--|
| Person(s) responsible for | H&S committee | | | |
| reviewing/updating the Policy | Named Persons: The lead for the management of medicines at Millais is Nikki Townsend or in their absence Elaine Stephenson. | | | |
| Approval Required By | Governing Body | | | |
| Review Cycle | Bi-Annually | | | |
| Last Review Date | 06 November 2017 | | | |
| Next Review Date | March 2019 | | | |
| Comments | 1/11/17 – policy updated in accordance with changes detailed in letter from WSCC, dated 25 Sept 2017 | | | |

| Scope (or Who is Governed by this Policy) | All relevant persons on, in or in the vicinity of Millais School |
|-----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Links to other Policies or Procedures or Documents (including their location – physical or electronic) | First Aid Room Policy DoE Statutory Guidance for Governing bodies of maintained schools 2014 Children & Families Act 2014 |
| Policy document location | O:\STAFF\ADMINISTRATION\POLICIES\Medicines Policy |
| Where this Policy is published | Sections of the Medicines and First Aid Policies are published in students' ELRs and on the School Website http://www.millais.co.uk/Medical-Information |

This Policy has been considered in line with the Equality Policy and for implications on the work life balance of Staff.

Statement of Intent

Section 100 of the Children and Families Act 2014 places a duty on governing bodies to make arrangements for supporting pupils at their school with medical conditions. The governing body of Millais will ensure that these arrangements fulfil their statutory duties and follow guidance outline in 'Supporting pupils at school with medical conditions' April 2014'.

It is recognised that staff do not have a statutory duty to give medicines or medical treatment. At Millais arrangements will be made for medicines to be administered so as 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

Date: November 2017

Organisation

The governing body will develop policies and procedures to ensure the medical needs of pupils at Millais 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 Millais is Nikki Townsend or in their absence Elaine Stephenson. In their duties staff will be guided by their training, this policy and related procedures.

Implementation monitoring and review

Chair of Governors - Mrs E Barnes

All staff, governors, parents, carers and members of the Millais community will be made aware of and have access to this policy. This policy will be reviewed bi-annually.

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 West Sussex County Council website 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.

Parent, Guardian or Carer

Any reference to 'parent or guardian' means an adult with legal responsibility for that child. 'Carer' indicates a person entrusted with the care of a child by that child's parent or guardian.

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 that a medicine has to be taken during the school day. Parents or guardians 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 or first aid room and must complete a 'Parental / Guardian agreement for setting to administer medicine' form (Template B). On no account should a pupil come to school with medicine if she is unwell.

Non-prescription Medicines

Occasionally paracetamol, ibuprofen, antihistamine or travel sickness tablets will be administered to pupils suffering acute pain from things like migraine, period pain, toothache and mild allergic reactions.

- Parents or guardians must give written consent for the school staff to administer medication at the start of the school year or when their child joins the school.
- Staff will check that the medicine has been administered without adverse effect to the child in the past and parents or guardians must certify this is the case – a note to this effect should be recorded on the consent form.
- Only 1 standard dose, appropriate to age and weight of the pupil, can be administered in school per day.
- Verbal parental or guardian consent must be gained during the day to administer paracetamol, ibuprofen, antihistamine or travel sickness tablets between the start of school day and 12pm and again from 2pm and until the end of school day.
- The school can administer paracetamol, ibuprofen, antihistamine or travel sickness tablets without parental or guardian consent on the day between 12pm and 2pm.
- If paracetamol, ibuprofen, antihistamine or travel sickness tablets is administered at any time during the school day parents or guardians will be informed of the time of administration and dosage.

- The school will keep records of the administration of paracetamol, ibuprofen, antihistamine or travel sickness tablets as for prescribed medication.
- The school keeps its own supply of standard paracetamol tablets for administration to pupils.
- In the event that students bring paracetamol in for self-medication these must not be shared with other pupils. Any member of staff witnessing or hearing about any such sharing MUST report this to a member of the SLT.

Other non-prescription medicines are not 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 so it will last the duration of the school day. A parent or guardian may attend school to administer additional doses if necessary.

Antihistamine can be administered 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 the 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 <u>never</u> 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. Details will be contained in the Pupils Individual Health Care Plan. If in doubt about the severity of an allergy reaction, administer the adrenaline auto injector and call an ambulance immediately. **Hay fever** - Piriton is for the treatment of hay fever. Parents or carers should administer antihistamine before the pupil starts school, it is not necessary for schools to administer antihistamine for hay fever.

These non-prescription medications will be administered by staff providing they are supplied in the original packaging and accompanied by a 'Parental / Guardian agreement for setting to administer medicine' form (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 or 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 (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, carers, head teacher, NHS school nurse and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. A letter inviting parents or carers to contribute to an Individual Healthcare Plan (IHP) can be found at Template G. For pupils with significant needs, arrangements will be documented in an IHP (Template A) 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 / Guardian agreement for setting to administer medicine' form (Template B).

Staff Training

The school will ensure that the staff who administer medicine to control specific chronic conditions are trained in the general procedures for medicines and that they receive appropriate training to administer specific medicines, for example, Anaphylaxis (adrenaline auto injector), Diabetes (insulin) or Epilepsy (midazolam). Staff trained in the general procedures for medicines will guide and instruct untrained staff who may occasionally need to administer medicine. Training in the administration of specific medicines is arranged via the NHS school nurse and can be accessed by the Schools Training Programme. 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 (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 (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 Appendix1 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 injectors 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. In the event that a pupil requires an emergency medication that must be locked away, staff will be fully briefed on the procedures for obtaining the medication in an emergency.

Emergency medicines such as inhalers and adrenaline auto injectors are either held by the pupil or kept in a clearly identified container in the First Aid Room. 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.

The school will make an assessment as to the competency of each individual pupil to carry their own medication. Parents or guardians will be asked to supply a second adrenaline auto injector for each child and they will be kept in in the first aid room, in the relevant Year Group box. 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 or carer consent will be gained to administer the emergency school inhaler.

Medicines that require refrigeration are kept in the medicine fridge in the first aid room, clearly labelled in the original packaging.

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. For record sheets see '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 or carers are notified. Where an emergency situation occurs to a pupil who has an IHP, the emergency procedures detailed on the plan will be followed, and a copy of the IHP given to the paramedic. IHP's will also be given to 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 (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 (Template B) and to supply a sufficient supply of medication in its pharmacist's container. Non-prescription medicines (apart from travel sickness medication, ibuprofen, paracetomol 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 such as paracetamol, ibuprofen or anti-histamine to pupils suffering acute pain from things like migraine, period pain or toothache. Parents or carers must give written consent prior to the residential visit using a, 'Parental / Guardian agreement for setting to administer medicine' form (Template B) before nonprescription medication can be given. Staff will check that the medicine has been administered without adverse effect to the child in the past and parents or carers 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 for administration to pupils during a residential visit and consent of the parent or guardian 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 or guardians 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 will seek resolution.

Templates

Template A: individual healthcare plan Template B: parental agreement for setting to administer medicine Template C: record of medicine administered to an individual child Template D: record of medicine administered to all children Template E: staff training record – administration of medicines Template F: contacting emergency services Template G: model letter inviting parents to contribute to individual health care plan development

Template A: individual healthcare plan

| Name of school/setting | |
|--------------------------------|--|
| Child's name | |
| Group/class/form | |
| Date of birth | |
| Child's address | |
| Medical diagnosis or condition | |
| Date | |
| Review date | |

Family Contact Information

Clinic/Hospital Contact

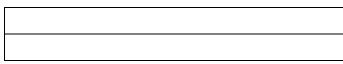
Name Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school



Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

Describe what constitutes an emergency, and the action to take if this occurs

Who is responsible in an emergency (state if different for off-site activities)

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Template B: parental / guardian agreement for setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

| Date for review to be initiated by | |
|-------------------------------------------------------------------------|--------------------------------------------|
| Name of school/setting | |
| Name of child | |
| Date of birth | |
| Group/class/form | |
| Medical condition or illness | |
| | |
| Medicine | |
| Name/type of medicine (as described on the container) | |
| Expiry date | |
| Dosage and method | |
| Timing | |
| Special precautions/other instructions | |
| Are there any side effects that the school/setting needs to know about? | |
| Self-administration – y/n | |
| Procedures to take in an emergency | |
| NB: Medicines must be in the origin | nal container as dispensed by the pharmacy |

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to

| [agreed member of staff] |
|--------------------------|
| |
| |
| |

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s) _____

Date _____

Template C: record of medicine administered to an individual child

| Name of school/setting | |
|---------------------------------|--|
| Name of child | |
| Date provided by parent / carer | |
| Group/class/form | |
| Quantity received | |
| Name and strength of medicine | |
| Expiry date | |
| Quantity returned | |
| Dose and frequency of medicine | |
| | |

Staff signature

Signature of parent / carer _____

| Date | | |
|-------------------------|--|--|
| Time given | | |
| Dose given | | |
| Name of member of staff | | |
| Staff initials | | |
| | | |
| Date | | |
| Time given | | |
| Dose given | | |

Name of member of staff Staff initials

C: Record of medicine administered to an individual child (Continued)

| Date | | |
|-------------------------|--|--|
| Time given | | |
| Dose given | | |
| Name of member of staff | | |
| Staff initials | | |
| | | |
| Date | | |
| Time given | | |
| Dose given | | |
| Name of member of staff | | |
| Staff initials | | |
| | | |
| Date | | |
| Time given | | |
| Dose given | | |
| Name of member of staff | | |
| Staff initials | | |
| | | |
| Date | | |
| Time given | | |
| Dose given | | |
| Name of member of staff | | |
| | | |

Template D: record of medicine administered to all children

| Name of scho | ol/setting | | | | | | |
|--------------|--------------|------|------------------|------------|---------------|-----------------------|------------|
| Date | Child's name | Time | Name of medicine | Dose given | Any reactions | Signature of staff | Print name |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

Template E: staff training record – administration of medicines

| Name of school/setting | ng | |
|------------------------|---------------------|--------------------------------------------------------------------------------|
| Name | | |
| Type of training rece | ived | |
| Date of training comp | pleted | |
| Training provided by | | |
| Profession and title | | |
| above and is compete | ent to carry out ar | has received the training detailed ny necessary treatment. I recommend that |
| Trainer's signature | | |
| Date | | |
| I confirm that I have | received the tra | aining detailed above. |
| Staff signature | | |
| Date | | |

Suggested review date

Template F: contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.

Speak clearly and slowly and be ready to repeat information if asked.

- 1. your telephone number
- 2. your name
- 3. your location as follows:

[Millais School, Depot Road, Horsham, W Sussex, RH13 5HR]

- 4. state what the postcode is (RH13 5HR) -
- 5. provide the exact location of the patient within the school setting
- 6. provide the name of the child and a brief description of their symptoms
- 7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
- 8. put a completed copy of this form by the phone

Template G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent / Carer

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely