

St Lawrence CE Primary School



Medication Policy

Ref : STLAW.046
Version 3.0

Revised: April 2019

Consultation with staff and Governors

and adoption of policy: Spring Term 2019

Review date: Spring Term 2020

1. The Law

Under the Health & Safety at Work Act 1974 the employer is responsible for making sure that a school has a health and safety policy. This should include procedures for supporting pupils with medical needs including managing prescribed medication.

The Children's Act 1989 authorises people who have care of a child (other than parental responsibility), subject to the provisions of the Act, to do what is reasonable in all the circumstances of the case for the purpose of safeguarding or promoting the child's welfare.

The teacher's general duty to act "in loco parentis" is also relevant in deciding whether what is being requested is what would be expected of a reasonable parent in the same circumstances.

1. Key Action Points

- The Headteacher is responsible for developing detailed procedures and ensuring that the staff adhere to them.
- These procedures should be outlined to the parents in either the school prospectus or other information parents receive so they know what happens if their child needs medication at school.
- Ensure that medicines are kept safely whilst in school in accordance with the Control of Substances Hazardous to Health Regulations 1999 (COSHH).

2. Policies & Procedures for supporting pupils with medical needs

The policy should clearly state:

- Whether the Head of school accepts responsibility for school staff giving or supervising children taking prescribed medication whilst at school. There is no legal duty that requires school staff to administer medication; this is a voluntary role. The LEA, however, hopes that schools will find it possible to co-operate with reasonable and justified requests from parents so that their children need not miss out on their educational opportunities. The current legal position, the Council's insurance arrangements, the ability to provide appropriate training where necessary and following these guidelines should ensure that the risk of acting negligently is kept to an absolute minimum. Each request needs to be considered on its merits having regard to the best interests of the pupil but also the implications for the school especially the staff. Whether agreeing or

refusing to administer medicines in school, the Head of school's decision will be defensible if it is clear that s/he has acted reasonably.

- Circumstances (if any) when children may take non-prescribed medication e.g pain killers
- Help for pupils with long term medical needs
- The need for written agreement from parents/guardian for administration of any medication.
- Where pupils have chronic conditions the need for the school to have information about these so that a care plan can be considered.
- Policy on the pupils carrying and taking medication themselves
- Staff training in dealing with medical needs
- Record keeping
- Storage and access to medication

2.1. Short term medical needs

Some pupils who are well enough to return to school may need to finish taking a course of antibiotics or apply lotion at the end of a prescribed course. This should only happen when absolutely essential and with their parent's written consent. Where feasible medication should be taken before or after school, or arrangements made to go home or for the parent to come to school at lunchtime to administer medication.

2.2. Non-prescription medication e.g. pain relievers

Pupils suffering from occasional discomfort such as headache or period pain sometimes ask for painkillers e.g. Aspirin or Paracetamol.

Specific staff should be authorised to issue pain relievers who should adhere to the following:

- Staff should not give any medication to pupils under 16 without the parent's consent
- A child under 12 should never be given Aspirin, unless prescribed by a doctor.
- Regardless of age enquiries must always be made as to whether the pupil is taking any other medication, checks must be made to ensure that there are not likely to be adverse health effects from the interaction of the two.
- Dosage must always be in accordance with the instructions specified on the product container and enquiries made as to when any previous dose of pain

reliever was taken so that the stated dose is not exceeded.

- The pupil should be supervised whilst taking tablets to ensure that they are swallowed and not accumulated.
- A written record of the dates and times of each administration is made in the Administration of Medicines Record (see section 9). Frequent requests for analgesia should be raised with the pupil's parent so that further medical assessment can be made.
- Supplies of Paracetamol must be kept secure.

2.3. Long term medical needs

Long term medical conditions need to be properly managed to allow maximum attendance and participation at school by the pupil. An individual health care plan can help the school to identify the necessary safety measures to support pupils with medical needs and ensure that they and others are not put at risk. The school needs concise but detailed information about a pupil's medical needs from their parent in conjunction with the child's doctor. The DfES publication "Supporting pupils with medical needs" is recommended.

Special schools catering for some pupils with complex medical problems managed by regular medication both at home and at school and some requiring specialist nursing care will have their own detailed arrangements. This guidance is not intended to override or modify these already established arrangements in such schools.

2.4. Record Keeping

No pupil under the age of 16 should be given medication without the parent/guardian's written consent. Parents should complete Med 1 (section 8) if medication is needed to be administered whilst at school.

It is best to keep an Administration of Medicines Record with all medication information in it as evidence that staff have followed the procedures – a pro forma is given in section 9. Once medication is no longer required the form Med 1 can be placed in the pupil's personal file for the same purpose.

2.5. Self-Management

It is good practice to allow pupils who can be trusted to do so to manage their own medication from a relatively early age and schools should encourage this provided the safety of other pupils is not compromised. If pupils can take medication themselves then staff may only need to supervise this.

2.6. Refusing medication

No pupil should be forced to take medication. The school should inform the child's parents/carers as a matter of urgency of any refusal and call an ambulance if necessary.

3. Dealing with medicines safely

The Head of school is responsible for ensuring that pupils have access to their medicine when it is needed.

Medication that has to be stored at school must be stored securely but in a location known to the pupil who knows who to go to for access. Some medication may need to be refrigerated.

Children who have access to their Inhalers/Epipen at home and are competent at administering their own medication should be allowed to carry their Inhaler/Epipen around with them at school. Most secondary pupils should be mature enough to carry their own Inhalers/Epipens as they do their diabetic kit.

In infant and Junior Schools, Inhalers/Epipens should be kept in the class teacher's unlocked drawer/cupboard in a well disciplined classroom if children are not sufficiently mature to carry their own. Access to the medication must be achievable within one minute of the child needing it. If there is any question of contamination, keep the Inhaler/Epipen in a clean, plastic lidded container.

If diabetic pupils have to test sugar levels during the day by using a lancet and blood stick – a Sharps box should be provided for safe disposal of these too. (Please refer to the "Infection Control" section on Diabetes – Pages 38-41).

Parents are responsible for supplying medication in the smallest practicable amount in the original packaging in which it was prescribed, clearly labelled with the pupil's name, contents, dosage and date.

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Parents must inform the school of any changes in medication such as change of dosage or if that medication has been stopped.

Parents should collect medication that is no longer needed or date-expired medication, as it is their responsibility to dispose of it.

4. Emergencies

Emergencies (whatever the cause) should always be treated as such. If a pupil develops an anaphylactic shock, severe breathing difficulties, severe bleeding or becomes unconscious, call an Ambulance on 999 immediately regardless of any other first aid action that is being taken. These are all potentially life-threatening conditions.

All staff should know how to call the emergency services, who are the qualified first aiders and where to get hold of them in an emergency within the school, and the same for the appointed persons who could also take charge of any emergency situation.

5. Anaphylactic Shock

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention – it can be life threatening. It can be triggered by certain foods (eg nuts, eggs, milk or fish), certain drugs or insect stings. Every effort should be made to prevent known sufferers from coming into contact with substances that are known to bring on the reaction. Symptoms usually occur within minutes of being exposed to the trigger and may include:

- Itching or a strange metallic taste in the mouth
- Swelling of the throat and tongue
- Difficulty in swallowing
- Hives
- Generalised flushing of the skin
- Abdominal cramps and nausea
- Increased heart rate

If the school is aware that a pupil has been diagnosed as having a specific severe allergy and is at risk of anaphylaxis then contact Pam Bickley at Telford & Wrekin's Primary Care Trust (PCT), Sommerfeld House, Sommerfeld Road, Trench Lock, Telford TF1 5RY. Pam will provide advice and assistance in drawing up a contract of care and staff training – all free of charge!

Pupils who have been diagnosed are likely to carry prescription medication which may include an adrenaline injection to be given via an "EpiPen". The age of the child and the severity of the attack will largely determine whether they are able to self-administer the treatment or will require assistance. This makes it essential for an individual care plan to be worked out and for as many staff to be trained in the necessary emergency action as possible.

6. Asthma

Asthma is a disorder of the lungs affecting the airways which narrow in response to certain triggers. This narrowing produces the classical symptoms of wheezing and breathlessness.

With effective treatment symptoms should be minimal allowing children to lead a normal life and to play a full part in school activities. If not effectively controlled asthma can affect the ability to exercise and lead to waking in the night with consequent tiredness during the day. A very severe asthma attack if not treated, can be fatal.

6.1. The Asthmatic at school

On entry into school the parent should tell the school that the child has asthma and complete form Med 1 if appropriate. Details of the type of treatment and what to do in the case of a severe asthma attack must be recorded. Action in an emergency will need to be determined in conjunction with the parent.

6.2. Triggers that can provoke an Asthma attack

- Viral infections of the upper respiratory tract e.g. colds
- Exercise
- Cold air
- Furry animals
- Fumes from science experiments
- Tobacco smoke and atmospheric pollution
- Grass pollen
- Extremes of emotion

6.3. Inhalers

Inhalers are the commonest form of medication for asthma and basically are either:

- Relievers (blue) or
- Preventers (commonly brown)

Preventers are usually regularly taken once or twice a day and therefore do not normally need to be taken at school.

Relievers should be available immediately and used before exercise. They should also be used if the child becomes breathless or wheezy or coughs excessively. Relievers are best kept on the child's person, but if not, must be available within one minute wherever the child is. Relievers cause no harm if taken by a non-asthmatic.

6.4. Procedure for dealing with an Asthma attack

1. Child becomes breathless, wheezy or develops a continuous cough.
2. Sit the child on a chair in the position they feel most comfortable, in a quiet spot.
3. Do not allow others to crowd round and do not lie them down.
4. Get the child to take their reliever in the usual dosage.
5. Wait ten minutes, if symptoms disappear the pupil can continue as normal
6. If symptoms persist then try giving:
 - A further dosage of reliever
 - or, if prior permission has been given, 6 puffs of reliever through a spacer
 - **whilst** calling parent/GP/ambulance as appropriate given the seriousness of the situation or, as has been agreed in the emergency action plan for that child.

If the child has no reliever at school call parent/GP/ambulance as appropriate given the seriousness of the situation, or as has been the agreed emergency action for that child and if given permission, use another reliever inhaler (blue).

6.5. Severe Asthma

Severe asthma is characterised by:

- normal relieving medication failing to work
- the child becoming too breathless to talk
- rapid breathing (e.g. > 30 breaths per minute)

Continue giving inhaler or give 6-10 puffs of reliever through a spacer. **Whilst** calling an ambulance or take to hospital/parent/GP as appropriate given the seriousness of the situation or as has been the agreed emergency action for that child.

7. Insurance

Staff are often concerned as to whether they are covered by Council insurance to administer medication – the answer is yes, provided that they act in good faith, within the limits of their authority and observe the policy terms and conditions.

8. Further Advice

The DfEE/Department of Health Joint Circular 14/96 " Supporting Pupils with Medical Needs in School" gives further advice on good practice and can be obtained free of charge from Department for Education and Employment Distribution Centre Free Phone : 0845 6022260.

School and Governor Support	01952 380808
Occupational Health Team	01952-383630
Health & Safety Advisor	01952-381107
Pupil's Doctor	-
DfES	"Supporting Pupils with Medical Needs"

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Approval Information - Governors

Position	Chair of Governors/Parent Governor
Name	Mr Paul Evans
Signature	
Date	

Position	LA Governor
Name	Mrs Helen Ashby
Signature	
Date	

Position	Foundation Governor
Name	Rev H Morby
Signature	
Date	

Position	Foundation Governor
Name	Mrs P Jones
Signature	
Date	

Position	Co-opted Governor
Name	Mrs Alison Moore
Signature	
Date	

Position	Co-opted Governor
Name	Mrs Rachel Voiculescu
Signature	

Position	Staff Governor
Name	Mr Laith Al-Asmar
Signature	

Approval Information - School

Position	Executive Head Teacher
Name	Miss Helen Osterfield
Signature	
Date	

Position	Head of School / Class 1 Teacher
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Name	Mrs Alison Moore
Signature	
Date	

Position	Class 2 Teacher
Name	Mr Laith Al-Asmar
Signature	
Date	

Position	Class 3 Teacher
Name	Mrs Claire Standish
Signature	
Date	

Position	Class 1 & 3 Teacher
Name	Mrs Emily Barker
Signature	
Date	

Position	School Business Manager
Name	Mrs Amanda Care
Signature	
Date	

Position	School Administrator
Name	Mrs Michelle Stevens
Signature	
Date	

Position	HLTA
Name	Mrs Kerry Tudor
Signature	
Date	

Position	Cover Supervisor/Lunchtime Supervisor
Name	Mrs Tracey Jenkins
Signature	
Date	

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Position	Cover Supervisor/Lunchtime Supervisor
Name	Mrs Caroline Sankey
Signature	

Position	Cover Supervisor/Lunchtime Supervisor
Name	Mrs Heather Kynaston
Signature	
Date	

Position	Teaching Assistant
Name	Mrs Anita Pollard
Signature	
Date	

Position	Apprentice
Name	Miss Olivia Meakin
Signature	
Date	

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Appendix One - Parental Form



Form MED1

School:

Address:

REQUEST FOR SCHOOL TO ADMINISTER MEDICATION

DETAILS OF PUPIL (<i>Capitals please</i>)						
Name		M/F	DOB		class/ form:	
Condition or illness (<i>eg Asthma; Diabetes; Epilepsy, Cystic Fibrosis, Anaphylaxis, Recovery from? Illness, etc</i>):						
DOCTOR'S DETAILS						
Doctor's Name		Medical Practice		Telephone Number		
MEDICATION AND ADMINISTRATION						
Name of medication (<i>give full details given on the container label issued by the pharmacist</i>)						
Type of Medication (<i>eg tablets, mixture, inhaler, Epipen, other (please specify)</i>)						
Date Dispensed:		Dosage and method:				
<i>Times to be Taken in School:</i>		Is precise timing critical? Yes/ No				
For how long will your child need to take this medication?						
For medication that need not be administered at pre-set times please indicate when it should be given: (<i>eg before exercise, onset of asthma attack, onset of migraine etc</i>)						
The medication needs to be administered by a member of staff					Yes	No
My child is capable of administering the medication him/herself under the supervision of a member of staff					Yes	No
I would like my child to keep his/her medication on him/ her for use as necessary					Yes	No
The medication needs to be readily accessible in case of emergency					Yes	No
ADDITIONAL INFORMATION						
Precautions or Side Effects:						
What to do in an emergency:						

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(Please read the notes on the reverse of this form carefully If you are in doubt about how the medicine is to be given you must seek the advice of your child's doctor before completing this form.)

The doctor named above has advised that it is necessary for my child to receive his/her medication during school time. I understand that teachers have no *obligation* to give or supervise the administration of medicines at school. However, I request that the medication named above be administered by/taken under supervision of a member staff, who may not have had any first aid or medical training. The school, the Headteacher and staff accept no responsibility for any injury, death or damage suffered by a pupil as a result of the administration of medicine mentioned in this form, other than any injury, death or damage which arises because the school or any members of its staff have been negligent

I shall arrange to collect and dispose of any unused, expired medicine at the end of each term.

Signed: Parent/Carer

Date:

NOTES

1. The school will consider each request on its merits. Where it is practicable the school may well prefer parents to come into school at appropriate times to administer the medicine themselves or make arrangements at break or lunchtime for the pupil to go home to receive the medication.
2. The school may refuse to undertake administration where this is seen to be the reasonable decision in the best interests of the school. For example where timings of administration are critical and crucial to the health of the pupil and cannot be guaranteed; where specific technical or medical knowledge and/or training is required or where administration would make unacceptable intimate contact with the pupil necessary.
3. The school will not agree to administer any medication in school without a written request using this form, having first been made.
4. The school will not agree to administer any medication in school that is not essential to be administered during the course of the school day. (If it is acceptable for doses to be given before and after school the school should not be being asked to administer during the school day).
5. All requests will need to be discussed fully with the head teacher or other authorised member of staff before any medicines are sent into school.
6. Any prescribed medicine must be supplied to the school in the original container labelled by the pharmacist with the name of the medicine, full instructions for use and the name of the pupil. Any non-prescribed medicine bought by the family should be in the original container bearing the manufacturer's instruction/guidelines. The school may refuse to administer any medicines supplied in inappropriate containers.
7. For pupils on long-term medication the request form should be renewed by the parent/carer when required by the school and in any event at the beginning of each new school year.
8. Parents are responsible for notifying the school immediately in writing of any subsequent changes in medicines or doses.
9. Parents are responsible for notifying the school immediately the doctor has stopped the medication.
10. Parents are responsible for collecting and disposing of any unused or expired medicine at the end of each term.
11. A record will be kept by the school of all medicines administered and when in respect of each pupil for whom it has agreed to administer medicines.
12. Where they feel it to be necessary the school reserves the right to ask parents to supply a doctors note to support/confirm the information given on the request form.

You may find it necessary to seek your Doctor's help in completing this form.

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