



## **Managing Medication Policy**

**2014**

### **Rationale**

The Children and Families Act 2014 places a duty on schools to make arrangements for children with medical conditions. Pupils with special medical needs have the same right of admission to school as other children and cannot be refused admission or excluded from school on medical grounds alone. However, teachers and other school staff in charge of pupils have a common law duty to act in loco parentis and may need to take swift action in an emergency. This duty also extends to teachers leading activities taking place off the school site. This could extend to a need to administer medicine.

The prime responsibility for a child's health lies with the parent who is responsible for the child's medication and should supply the school with information. The school takes advice and guidance from the Local Authority which encourages self-administration of medication when possible.

### **Aims**

To outline the policy and procedures for managing medicines in schools so it is understood by staff, parents and children and so that all children, including those with medical needs receive proper care and support in our school.

### **Objectives**

- To encourage and support inclusive practice
  - To ensure regular attendance by all children
- To follow the guidance of the Children's and Families Act 2014

## **Important procedures**

Procedures for managing prescription medicines which need to be taken during a school day.

- Procedures for managing prescription medicines on trips and outings.
- Statement of roles and responsibilities for staff managing and administering medicines.
- Statement of parental responsibilities in respect of their child's medical needs.
- The need for prior written agreement from parents and carers for any medicines to be given to a child.
- Circumstances in which a child may take non prescription medicines
- Policy on assisting children with long term or complex medical needs
- Policy on children carrying and taking their medicine themselves
- Staff training
- Record keeping
- Safe storage of medicines

As an inclusive setting, we recognise that there may be times when it is necessary for a pupil to take medication during the school day. We are therefore prepared to administer medication and supervise children taking their own medication according to the procedures in this policy.

- We ask parents and carers to ask their doctor wherever possible to prescribe medication which can be taken outside of the school day.
- We are prepared, however, to take responsibility for those occasions when a child needs to take medication during the school day in strict accordance with the procedures in this policy and following the guidance in the DfES document 'Managing Medicines in Schools and Early Years Settings' (2005)
- We will only administer prescribed medication.

## **Children with Special Medical Needs**

- Should we be asked to admit a child to the school with special medical needs we will, in partnership with the parents/carers discuss their individual needs and write a Personal Care Plan (Appendix 1) We will also involve other outside agencies as appropriate to the needs of the child and family.
- Care Plans will be available in classroom registers, staffroom and in a designated medical room.
- Any resulting training needs will be identified and arranged from the appropriate support agencies and the family as required.

## Procedures

### 1. On Admission

All parents and carers are asked to complete a data collection sheet, giving full details of medical conditions, regular and emergency medication, emergency contact numbers, name of family doctor, details of hospital consultants, allergies, special dietary requirements and any other health information that may affect their child's care. These details are updated every 12 months.

### 2. Emergency Medication

Specific specialised training is required for those staff prepared to act in emergency situations. Staff who agree to administer the emergency medication must have training from an appropriate health care professional which should be updated in accordance with LA guidance. Emergency medication could include asthma reliever inhalers, emergency treatment for allergies eg. Epipen, emergency treatment for epilepsy, emergency treatment for diabetes.

### 3. Administration of Prescribed Medication

3.1 Should a child need to receive medication during the school day parents or carers will be asked to come into school and personally hand over the medication to Reception Office.

3.2 On receipt of medication, a 'School Medication Consent Form' should be completed and signed by the Parent/Carer (see: Appendix 2a or 2c) - (a separate form should be completed for each medication). Completed forms will be kept with medications in the designated medical room.

3.3 The medication should be in the original container as dispensed clearly labelled with the instructions for administration including:

- The child's name
- Name of medication
- Strength of medication
- How much to be given
- When to be given
- Date dispensed and/or expiry date. (If no date given, the medication should be replaced 6 months after date dispensed)
- Length of treatment
- Any other instructions

NB A label 'to be taken as directed' does not provide sufficient information.

3.4 Liquid medication should be measured accurately using a medicine spoon or syringe. Medication should not be added to food or drinks unless there is a specific reason.

3.5 A record of the administration of each dose will be kept and signed by staff, on the reverse of the School Medication Consent Form (see: Appendix 2b).

3.6 Should the medicine need to be changed or discontinued before the completion of the course or if the dosage changes the school should be notified in writing by the parent/carer. A new supply of medication – correctly labelled with the new dose – should be obtained and a new consent form completed.

3.7 Should the supply need to be replenished this should be done in person by the parent or carer.

#### **4. Application of Creams and Lotions**

4.1 Non-prescribed creams and lotions may be applied (by the pupil) at the discretion of the Headteacher in line with this policy but only with written consent from parents and carers.

4.2 Parents and carers are responsible for sending in the cream, labelled for the individual child.

4.3 Steroid creams are usually applied twice daily only – we would expect these to be applied at home.

4.4 Sun cream needs to be supplied by parents and carers. We ask parents and carers to apply sun block in the morning before coming to school. Children may bring in their own creams but parents and carers must ensure it is in date and of at least SPF 25 or above. It should be labelled clearly and is the child's responsibility.

#### **5. Alternative Medication**

Alternative medication, including homeopathic medication and herbal remedies, will not be administered unless prescribed or agreed by a GP/consultant.

#### **6. Simple Analgesics (Pain Relief)**

These will only be given if there is an on-going medical condition i.e. febrile convulsions and it has been prescribed by a GP/consultant.

#### **7. Refusing Medication**

7.1 If a child refuses medication staff will not force them to take it.

7.2 The refusal will be noted and parents contacted by telephone.

7.3 In the event of a child refusing emergency medication parents and carers will, of course, be contacted immediately by telephone. The emergency services will be contacted immediately and a member of school staff will accompany the child to hospital to allow parents time to arrive.

## **8. Storage and Disposal of Medication**

8.1 All medication will be kept in the designated medical room.

Epi-pens should be kept in a clearly labelled box in the medical room.

8.2 Medication requiring refrigeration will be stored in the designated medical room. It will not be accessible to children and medicine should always be placed in the storage space within the fridge door.

8.3 Emergency medication will be stored out of the reach of children, in the same room as the child wherever possible and easily accessible to staff. All members of staff working in the school will need to be made aware of the location of the emergency medication.

8.4 A regular check of all medicines in school (medical room and classrooms) will be made every 6 weeks. Parents and carers will be asked to collect any medication which is no longer needed, is out of date or not clearly labelled.

8.5 Any medication which is not collected by parents and carers and is no longer required will be disposed of safely at a community pharmacy. No medication should be disposed of into the sewage system or refuse.

8.6 Asthma medication: please refer to: Appendix A – ‘Policy on Responding to Asthma’

## **9. Offsite Activities and Educational Visits**

9.1 The named leader of the activity must ensure that all children have their medication, including any emergency medication available. The medication will be carried by a named member of staff. This also include asthma inhalers and other relief medication. Record forms are also taken to ensure normal administration procedures are followed.

9.2 For residential visits parents and carers are required to complete a consent form (see: Appendix 2) for all forms of medication. This includes over the counter medication such as travel sickness.

## **10. Training**

Training needs are reviewed annually according to the needs of our children.

This policy is part of our staff induction programme and is reviewed annually.

Training needs are identified for individual staff through annual performance and appraisal meetings. Training for specific conditions eg. Asthma is provided for the whole staff at least every two years.

## **Appendix A**

### **Policy on Responding to Asthma**

#### **General**

The charity, Asthma UK, estimates that on average there are 2 pupils with asthma in every classroom in the UK.

World's End Junior staff are not required to administer asthma medicines to pupils (except in an emergency), but where staff are happy to administer asthma medicines the school will ensure that they will receive any necessary training.

All staff should understand that immediate access to reliever medicines (usually inhalers) is essential. Pupils with asthma should be encouraged to carry their own inhalers as soon as the parent/carer, doctor or asthma nurse agrees that they are mature enough.

This policy sets out our school response to the problems posed by asthma, taking into account its responsibility for ensuring as far as is reasonably practicable the health and safety of employees and pupils.

#### **Aim**

The policy sets out the system for ensuring that:

- Staff and pupils with asthma are known;
- Appropriate training is given to staff and pupils;
- All staff know their roles in ensuring that asthma attacks are dealt with quickly and effectively; and
- Governors, staff, pupils and parents know what the system is and the part they have to play.

#### **Responsibilities**

The Principal is responsible for:

- Ensuring that a system is in place and is properly managed and reviewed;
- Ensuring that a system is in place for recording asthma sufferers;
- Ensuring that a system is in place for training staff; and
- Ensuring that appropriate training is given;
- Obtaining and circulating appropriate guidance;
- Ordering supplies of the Asthma UK School Asthma Cards;
- Ensure that the Birmingham Schools procedure in the event of an asthma attack is visibly displayed in the staffroom and in classrooms (see: Appendix 3)
- Reviewing the system periodically;
- Ensuring that appropriate storage for medicines is provided, where necessary;
- Liaising with medical staff as necessary;
- Communicating with teaching and support staff, and parents.

**All Staff will:**

- Know which of their pupils is on the medical register – including asthma; (this information will be accessible via the class register.
- Allow pupils to take their own medicines when they need to;
- Know what to do in the event of an asthma attack in school;
- Ensure that an asthma inhaler is clearly labelled with the child's name and kept in a box in the classroom (this must travel with the children at all times including PE lessons and off site visits). However, all children with a respiratory condition such as asthma must have TWO inhalers in school – one to be kept in the classroom/with them at all times and another as a 'back-up' to be kept in the designated medical room.
- Make a note to the First Aider when a pupil has had to use the inhaler.

**Parents/Carers of asthma sufferers are responsible for:**

- Completing and returning the Asthma cards to our school.
- Ensuring that the inhalers are in date.
- Providing our school with two inhalers, labelled with the pupil's

**Record Keeping**

Parents will be asked to complete a medical questionnaire on admission (which will include asthma); these will be updated annually.

All pupils with asthma will then be sent an Asthma UK School Asthma Card to give to the doctor or asthma nurse to complete. The card must then be returned to school. The SENCO will ensure that parents/carers are requested annually to update the Asthma Card, or supply a new one if the pupil's medicines, or how much they take, change.

The names of sufferers will be kept on the school register managed by the SENCO.

**PE and Games**

Taking part in PE activities is an essential part of school life for all pupils including those with asthma. They will be encouraged to take a full part in PE activities.

All staff will know who has asthma from information in their class register and the school's MIS).

Before each lesson staff will remind pupils whose asthma is triggered by exercise to take their reliever inhalers, and to warm up and down before and after the lesson.

The same applies to class teachers (and where relevant support staff) where other lessons (e.g. drama) might involve physical activity.

## **School Environment**

World's End Junior will do all it can to make the environment favourable to pupils with asthma.

World's End Junior will as far as possible not use chemicals in the school that are potential triggers for asthma.

## **Dealing with the Effects of Asthma**

In the event of an asthma attack the school will follow the procedure outlined by the LA (See: Appendix 3).

## **Appendix B - HELPING PUPILS WITH EPILEPSY**

### **Contents**

1. What is epilepsy?
2. What causes epilepsy?
3. Triggers
4. Medication
5. What the School should do
6. Sporting and Off-site activities
7. Disability and epilepsy
8. References

This section provides some basic information about epilepsy but it is beyond its scope to provide more detailed medical advice. It is important that the particular needs of pupils are assessed and treated on an individual basis.

### **What is epilepsy?**

Pupils with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Seizures can happen for many reasons. Five per cent of people with epilepsy have their first seizure before the age of 20.

Epilepsy is the second most common medical condition that teachers will encounter. It affects around one in 130 pupils in the UK.

Eighty per cent of pupils with epilepsy attend mainstream schools. Most pupils with diagnosed epilepsy never have a seizure during the school day. Epilepsy is a very individual condition.

Epilepsy is not a disease or an illness but may sometimes be a symptom of an underlying physical disorder. Epilepsy is defined as having a tendency to have convulsions or fits. An epileptic seizure happens when normal electrical activity in the brain is suddenly disrupted. An epileptic seizure can take a number of different forms – it can cause changes in a person's body or movements, awareness, behaviour, emotions or senses (such as taste, smell, vision or hearing). Usually a seizure lasts for only a few seconds or minutes and then the brain activity returns to normal. A seizure or 'fit' is a brief disruption to normal brain functioning

### **What causes epilepsy?**



Some pupils have epilepsy as a result of brain damage caused through injury before, during or after birth. This type is known as symptomatic epilepsy. For other pupils there is no known or identifiable cause, they have an inherited tendency to have epilepsy. This type is known as idiopathic epilepsy.

Some develop epilepsy during childhood, and about a third of these will outgrow their epilepsy by the time they become adults. Some teenagers may develop epilepsy. Depending on the type of epilepsy they develop, these young people may or may not grow out of their epilepsy by the time they become adults.

#### Triggers

If the pupil has had seizures for some time the parents, or indeed the pupil if he/she is old enough, may be able to identify the factors that make the seizures more likely to occur. These are often called 'triggers'. The most common are:

- Tiredness;
- Lack of sleep;
- Lack of food;
- Stress;
- Photosensitivity.

There are over 40 types of seizure and it is unnecessary for staff to be able to recognise them. Seizures can take many different forms and a wide range of descriptors are used for the particular seizure patterns of individual pupil.

World's End Junior School will obtain detailed information from parents and health care Professionals. The information will be recorded in an individual health care plan, setting out the particular pattern of an individual pupil's epilepsy.

#### Medication

Pupils with epilepsy may require medicines on a long-term basis to keep them well, even where the epilepsy is well controlled. Most pupils need to take medicine to control their seizures.

Medicine is usually taken twice each day, outside of school hours, which means that there are no issues about storage or administration for school staff.

There are some pupils who require medicine three times daily but even then it is usually taken before the school day, after the school day and before going to sleep.

All individual pupils with epilepsy will have a health care plan that details the specifics of their care. The Principal should ensure that all class and subject teachers know what to do if the pupil has a seizure.

The health care plan will identify clearly the type or types of seizures, including seizure descriptions, possible triggers and whether emergency intervention may be required.

If a pupil does experience a seizure at school the details will be recorded and communicated to parents and/or the specialist nurse for epilepsy. This will help parents to give more accurate information on seizures and seizure frequency to the pupil's specialist.

Pupils with epilepsy are included in all activities though extra care may be needed in some areas such as swimming, undertaking gymnastic activities at a height or working in science laboratories. Concerns about safety should be discussed with the pupil and parents as part of the health care plan.

This information should be an integral part of the school's general emergency procedures but also relate specifically to each pupil's individual health care plan.

Academies should consider what reasonable adjustments they might make to

## **Appendix C**

### **ALLERGIC REACTIONS/ANAPHYLAXIS**

#### **Contents:**

1. What is anaphylaxis?
2. Symptoms
3. Triggers
4. Medication
5. What the School should do
6. Sporting and off-site activities
7. References

This section provides some basic information about anaphylaxis (severe allergic reactions) but it is beyond its scope to provide more detailed medical advice and it is important that the needs of pupils are assessed and treated on an individual basis.

#### **What is anaphylaxis?**

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. The whole body is affected, usually within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

Any allergic reaction, including the most extreme form, anaphylactic shock, occurs because the body's immune system reacts inappropriately in response to the presence of a substance that it wrongly perceives as a threat.

Anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life can continue as normal for all concerned.

#### **Causes**

Common causes include foods such as peanuts, tree nuts (e.g. almonds, walnuts, cashews, Brazils), sesame, eggs, cow's milk, fish, shellfish, and certain fruits such as kiwifruit. Whilst non-food causes include penicillin or any other drug or injection, latex (rubber) and the venom of stinging insects (such as bees, wasps or hornets) are other causes of anaphylaxis.

#### **Symptoms**

The most severe form of allergic reaction is anaphylactic shock, when blood pressure falls dramatically and the patient loses consciousness. This is rare in young pupils but does occur in adolescence.

More common symptoms in pupils are:

- Nettle rash (hives) anywhere on the body;
- Sense of impending doom;
- Swelling of throat and mouth;
- Difficulty in swallowing or speaking;
- Alterations in heart rate;
- Severe asthma;
- Abdominal pain, nausea and vomiting;
- Sudden feeling of weakness (drop in blood pressure).

A pupil would not necessarily experience all of these symptoms.

Even where only mild symptoms are present, the pupil should be watched carefully. They may be heralding the start of a more serious reaction.

At World's End Junior School any children with a severe allergy will have an alert card created (see: Appendix 4) by the SENCO and parents/carers. The plan will outline how to reduce the risks for allergic reactions and also the action to take in the event of an allergic reaction.

Where a pupil has a food allergy, if is not certain that the food will be safe, think about alternatives that will mean the pupil is not excluded from school trips and activities. For example, for a day trip a pupil can take a lunch prepared at home, and for longer visits some pupils take their meals in frozen form to be re-heated individually at mealtimes. In any event, the allergic pupil should always take plenty of safe snacks.

Insect sting allergies can cause a lot of anxiety and will need careful management. Special care is required when outdoors, the pupil should wear shoes at all times and all food or drink should be covered until it is time to eat. Adults supervising activities must ensure that suitable medication is always on hand.

# Personal Care Plan



Name:

Date of Birth:

Name of School:

Class:

MEDICAL CONDITION:

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## CONTACT INFORMATION

Family Contact (1):

Tel No (Mob):

Tel No (Home):

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Family Contact (2):

Tel No (Mob):

**Hospital Contact:**

**G.P. Surgery**

Name:

Name :

Tel No:

Tel No:

Describe Condition and give details of individual symptoms:

Treatment:

**Designated Persons:**

In SCHOOL **DO NOT ALLOW** the following:

- .

Care in an **emergency:**

- 

Special requests from parent:

Date of meeting:

Review date: .....

Parents/carers signature: .....

Date: .....

Print Name: .....

Teacher/TA Signature: .....

Date: .....

Print Name: .....

Head teacher's Signature: .....

Date: .....

Print Name: .....



## School Medication Consent Form

<b>Date</b>	
<b>Child's name</b>	
<b>Class</b>	
<b>Name of Medicine</b>	
<b>Number of tablets/quantity of liquid medication given to school.</b>	
<b>How much to give (i.e. dose)</b>	
<b>When to be given</b>	
<b>Any other instructions</b>	
<b>Phone number of parent/carer contact.</b>	
<b>Name of G.P./Tel No</b>	

The above information is to the best of my knowledge accurate at the time of writing and I give consent to school staff administering the medication in accordance with school and LA policy. I will inform the school immediately if there is any change to above information.

Signed ..... Parent/carer

Print name .....

Date .....

**Appendix 2b**

<b>Child's Name/class</b>	
<b>Name of Medicine</b>	
<b>How much to give (i.e. dose)</b>	

Date									
Time given									
Dose Given									
Name of member of staff									
Staff initials									



## School Medication Consent Form (Self-administration)

<b>Date</b>	
<b>Child's name</b>	
<b>Class</b>	
<b>Name of Medicine</b>	
<b>Number of tablets/quantity of liquid medication given to school.</b>	
<b>How much to give (i.e. dose)</b>	
<b>When to be given</b>	
<b>Any other instructions</b>	
<b>Phone number of parent/carer contact.</b>	
<b>Name of G.P./Tel No</b>	

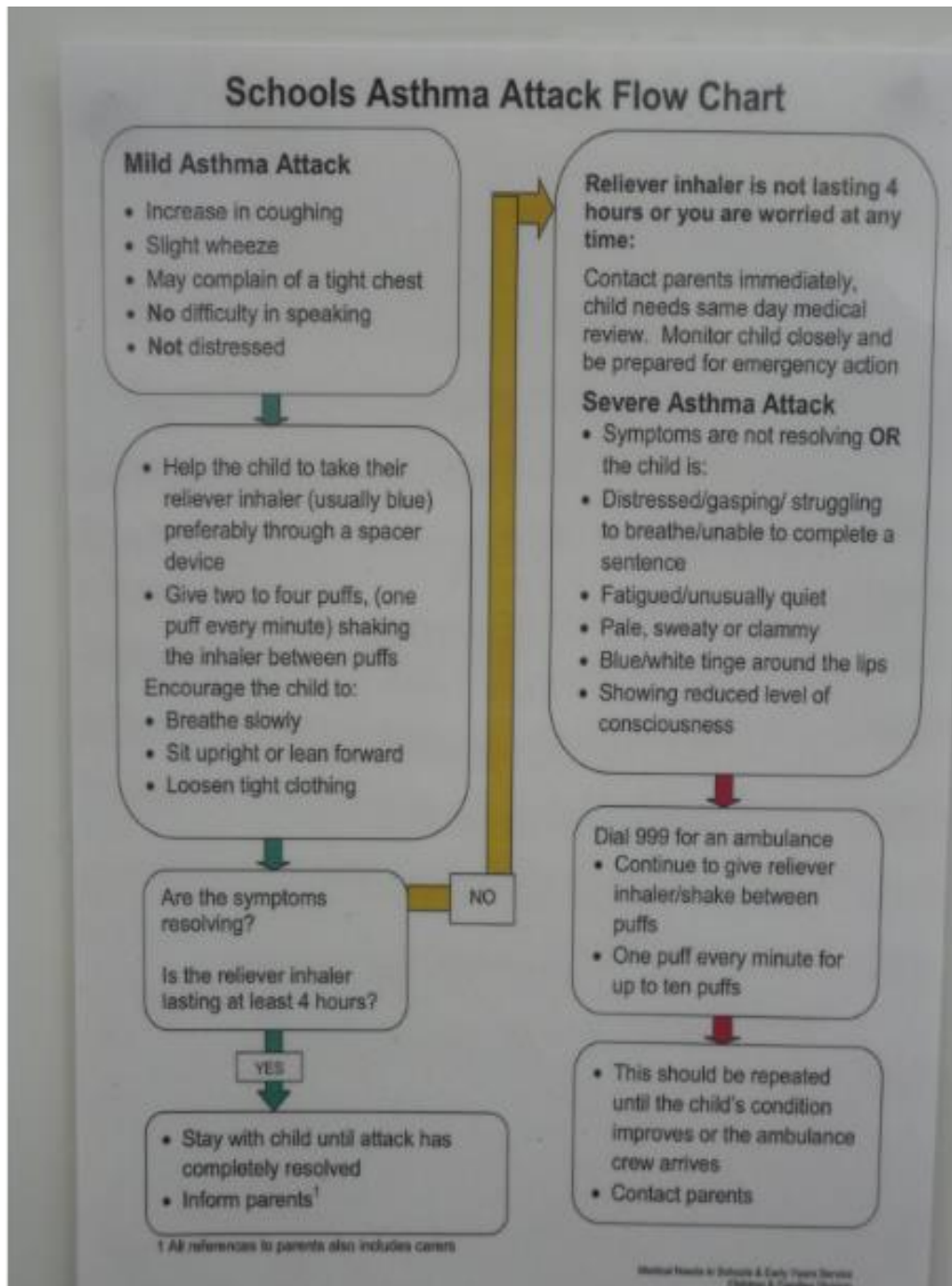
The above information is to the best of my knowledge accurate at the time of writing and I give consent to school staff supervising the administration of medication in accordance with school and LA policy. I will inform the school immediately if there is any change to above information.

Signed ..... Parent/carer

Print name .....

Date .....





## **Personal Alert Card**



Name: [REDACTED]

Date of Birth: [REDACTED]

Class: [REDACTED]

**Emergency Contact Numbers:** [REDACTED]

**Hospital Contacts:** |

Name: [REDACTED] Tel No: [REDACTED]

Name: [REDACTED] Tel No: [REDACTED]

**Medical Condition:** |

**Describe the condition and give details of individual symptoms:** [REDACTED]

IF THIS CARD IS TO BE USED ANYWHERE ELSE THAN IN CLASS REGISTER PARENTAL CONSENT MUST BE OBTAINED.