



# **MEDICINES IN SCHOOL**

(Primary not administering Paracetamol)

**Policy Status**

**Other**

**Governing Body Approval**

**23 06 2015**

**Ownership**

**Q+S Committee**

**Date for Review**

**21 11 2018**

## 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 [name of school] will ensure that these arrangements for fill their statutory duties and follow guidance outline in 'Supporting pupils at school with medical conditions' April 2014'.

Establishment staff do not have a statutory duty to give medicines or medical treatment. However medicines will be administered to enable the inclusion of pupils with medical needs, promote regular attendance and minimise the impact on a pupil's ability to learn. In an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this might mean giving medicines or medical care.

## Organisation

The governing body will develop policies and procedures to ensure the medical needs of pupils at West Chilton Community School are managed appropriately. They will be supported with the implementation of these arrangements by Head teacher and school staff.

The lead for the management of medicines at West Chilton Community School is Mrs Tracy Taylor or in their absence Mr Julian Rose or Miss Helen Drummond. 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 [name of school] community will be made aware of and have access to this policy. This policy will be reviewed bi-annually and its implementation reviewed as part of the head teacher's annual report to Governors.

## 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 a person nominated by them, may call into the school and administer medicine to their child, or they may request that a member of school staff administers the medicine. When school staff administer medicines, the parent or guardian must supply the medicine in the original pharmacist's container clearly labelled including details of possible side effects to the school office and must complete a 'Parental agreement for setting to administer medicine' form (Appendix 1 Template B). On no account should a child come to school with medicine if he/she is unwell.

## Non-prescription Medicines

Non-prescription medicines e.g. Hayfever treatments, Eye drops, are not administered at school and pupils should not bring them to school for self-administration. Only non-prescription travel sickness medication will be administered by staff providing they are supplied in the original packaging and accompanied by a 'Parental agreement for setting to administer medicine' form (Appendix 1 Template B). Medication must be suitable for the pupil's age, supplied by the parent (not the school) and 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 medication will be stored and administration recorded as for prescription medicines.

Government Guidance – 'A child under the age of 16 should never be given medicine containing aspirin unless prescribed by a doctor'.

### 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.

### Pupils with Long-term or Complex Medical Needs

Parents or carers should provide the head teacher with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made, between the parents, head teacher, school nurse and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. For pupils with significant needs, arrangements will be documented in an Individual healthcare plan (IHP) or Educational Health and Care plan (EHC). These plans will be reviewed by the school annually or following a significant change in a pupil's medical condition.

### Admissions

When the school is notified of the admission of a pupil with medical needs the Lead for Managing Medicines will complete an assessment of the support required. This might include the development of an IHP and additional staff training. The school will endeavour to put arrangements in place to support that pupil as quickly as possible. However the school may decide (based on risk assessment) to delay the admission of a pupil until sufficient arrangements can be put in place.

### Pupils taking their own medication

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication. Appropriate arrangements for medication should be agreed and documented in the pupil's individual health care plan and parents should complete the relevant section of

'Parental agreement for setting to administer medicine' form (Template B).

### Staff Training

The school will ensure that the staff who administer medicine to control specific chronic conditions are trained to administer those specific medicines, for example, Anaphylaxis (epipens), Diabetes (insulin) Epilepsy (midazolam). Training in the administration of these specific medicines is arranged via the school nurse. A record of training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required. see 'Staff training record – Supporting pupils with medical conditions' Templates - 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. see 'Staff training record – Supporting pupils with medical conditions' Templates - 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 record of medicine administered to an individual child Template C and Template D record of medicines administered to all children - Supporting pupils with medical conditions' Templates - .

### Storage and Access to Medicines

All medicines apart from emergency medicines (inhalers, epipens 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 epipens are either held by the pupil or kept in a clearly identified container in his/her classroom. 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. Parents will be asked to supply a spare epipen for each child and they will be kept in the school office. In accordance with the Human Medicines (Amendment No 2) Regulations 2014 the school will keep a small supply of salbutamol inhalers for emergency use.

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

### Record Keeping

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational visits. A parent or guardian will be informed if their child has been unwell during the school day. For record sheets see 'record of medicine administered to an individual child' Template C and 'record of medicine administered to all children' template D Appendix 1.

### Emergency Procedures

In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a pupil who has an IHP, the emergency procedures detailed on the plan are followed, and a copy of the IHP is given to the ambulance crew. IHP's will also be given to those companies and staff providing transportation of pupils to and from school, in order that the IHP can be passed to the ambulance crew in the event of an emergency. Instructions for calling an ambulance are displayed prominently by the telephone in the school office. A blank proforma is attached in Appendix 1 'contacting the emergency services' Template F.

### Medicines on Educational Visits

Staff will administer prescription medicines to pupils when required during educational visits. Parents should ensure they complete a consent form (Appendix 1) and to supply a sufficient supply of medication in its pharmacist's container. Non-prescription medicines (apart from travel sickness medication) cannot be administered by staff and pupils must not carry them for self-administration. Hay fever remedies etc. should therefore be provided, if necessary, on prescription.

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

All staff will be briefed about any emergency procedures needed with reference to pupils where needs are known and copies of care plans will be taken by the responsible person.

### Medicines on Residential Visits

The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency, according to the care plan.

Occasionally it may be necessary to administer non-prescription medicines i.e. paracetamol, to pupils suffering acute pain from things like migraine, period pain, toothache. Parents must give written consent prior to the residential visit using a, 'Parental agreement for setting to administer medicine' form (Appendix 1 Template B) before non-prescription medication can be given. Staff will check that the medicine has been administered without adverse effect to the child in the past and parents must certify this is the case – a note to this effect should be recorded on the consent form.

The school will keep its own supply of standard paracetamol tablets for administration to pupils during a residential visit. 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).

### Complaints

Issues 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.

The appropriate forms will be kept in the office, they are;

- Individual Health Care Plan /Health Care Plan (Allergies and ANAPHYLAXIS)(IHCP) TEMPLATE A
- Parental Agreement for setting to administer Medicine TEMPLATE B
- Headteachers agreement for school to administer medicine TEMPLATE C
- Record of Medicine administered to all children TEMPLATE D
- Staff Training Record – administration of Medicine TEMPLATE

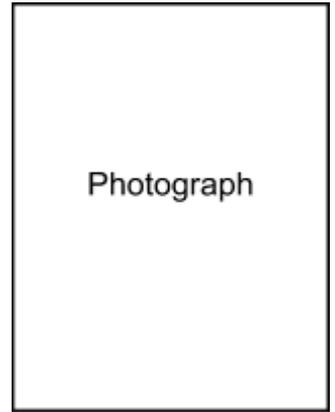
#### TEMPLATE A

Individual Health Care Plan (IHCP)

HEALTH CARE PLAN ALLERGIES AND ANAPHYLAXIS



**West Chiltington Community School**  
**INDIVIDUAL HEALTH CARE PLAN**



Child's Name:

Class: YEAR

Date of Birth:

Address

Condition:

**Contact Information:**

**Family Contact 1**

Name:

Relationship:

Phone No (home):

(Mobile):

**GP**

Name: Dr

Phone No:

**Family Contact 2**

Name:

Relationship:

Phone No (home):

(Mobile):

**Clinic/Hospital Contact**

Name:

Phone No:

Who is responsible for providing support in school:

Describe medical needs/condition :  
(inc child's symptoms, triggers,  
signs, treatments, facilities, equipment  
or devices, environmental issues)

Name of medication:  
(dose, method of administration,  
when to be taken, side effects,  
administered by)

Daily care requirements:

Specific support for pupil's  
Educational, social and emotional needs:

Health Care Plan continued..

Name:

Date of birth:

Arrangements for school visits/ trips etc:

Other information:

What constitutes an emergency for the child and action to be taken 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:

**I give consent to school staff administering medicine in accordance with the school policy and this IHP. I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.**

\_\_\_\_\_  
Signed by parent or guardian

\_\_\_\_\_  
Print name

**Date:**

**Review date:**

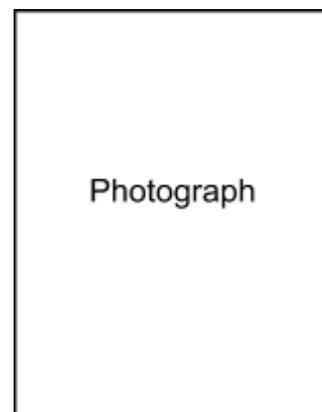
Copies to:

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TEMPLATE A (continued)

**West Chilton Community School**

**ALLERGY AND ANAPHYLAXIS  
HEALTH CARE PLAN**



Name:

Date of Birth:

Condition:

Class:

**Contact Information:**

**Family Contact 1**

Name:

Relationship:

Phone No (home):

(Mobile):

**Family Contact 2**

Name:

Relationship:

Phone No (home): As before

(Mobile):

(Work):

**GP**

Name:

Phone No:

Describe condition:

**Clinic/Hospital Contact**

Name:

Phone No:

Details of pupil's individual symptoms (tick as appropriate):

ITCHING OR STRANGE METALLIC TASTE IN MOUTH

SWELLING OF THE THROAT AND/OR TONGUE

DIFFICULTY IN SWALLOWING AND/OR TALKING

DIFFICULTY IN BREATHING AND/ OR NOISY BREATHING

HIVES OR NETTLE RASH ANYWHERE ON THE BODY

GENERALISED FLUSHING OF THE SKIN

ABDOMINAL CRAMPS AND NAUSEA

SUDDEN FEELING OF FAINTNESS: Pallor, clammy skin, rapid weak pulse, blue lips

SENSE OF IMPENDING DOOM

COLLAPSE OR UNCONSCIOUSNESS

**NOBODY WOULD NECESSARILY EXPERIENCE ALL OF THESE SYMPTOMS**

Specific Precautions:

Health Care Plan continued..

Name:

Date of birth:

Extra Supervision required mealtimes/breaktimes:

Healthcare needs: Treatment or medication:.....

.....  
.....

Possible side effects:.....

.....  
.....

Action to be taken in an emergency:  
.

Follow up care:  
AS INSTRUCTED BY PARENTS  
Who is responsible in an emergency: ( nominated first aiders)

State if different on 'offsite' activities:.....

**Form circulated to:**

- Admin team/pupil file
- Class teacher and support staff
- Pupil information file for supply teachers
- School nurse

Parents

**Date:**

**Review:**



**TEMPLATE B**  
**Parental 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 <i>(as described on the container)</i>	
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 original 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	WEST CHILTINGTON COMMUNITY SCHOOL
Name of child	
Date medicine provided by parent	
Group/class/form	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medicine	

Staff signature

Signature of parent

Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			

Witnessed by

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Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			

Staff initials

Witnessed by


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

Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			
Witnessed by	_____		

Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			
Witnessed by	_____		

Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			
Witnessed by	_____		

Date			
Time given			
Dose given			
Controlled drug stock			
Name of member of staff			
Staff initials			
Witnessed by	_____		



TEMPLATE E  
Staff Training Record – Administration of Medicines



Name of school/setting

Name

Type of training received

Date of training completed

Training provided by

Refresher/update training date

Profession and title


I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature

Date

**I confirm that I have received the training 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. **telephone number**

1. **School telephone 01798 813319**

2. **your location as follows [insert school/setting address]**

**School address  
East Street  
West Chiltington  
Pulborough  
West Sussex  
RH20 2JY**

2.

3.

3. **state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code**

4. **Postcode RH20 2JY**

4. **inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient**

5. **Best entrance is:**

6.

5. **your name**

6. **provide the exact location of the patient within the school setting**

7. **provide the name of the child and a brief description of their symptoms**

8. **put a completed copy of this form by the phone**