



## SCHOOL MEDICINE POLICY

### INTRODUCTION

- **THIS DOCUMENT IS** a statement of the aims, principles and strategies for the administering of medicines at Beeston Rylands Junior School.
- **IT WAS DEVELOPED** in 2017 through a process of consultation with all staff, parents and governors
- **IT WILL BE** continuously reviewed, updated and approved by the Governing Body and Health and Safety Co-ordinator
- **POLICY REVIEW DATES:** Annually.

Date of review	Spring 2017	Spring 2018	Spring 2019
Signed			

### Introduction and Rationale

This school is an inclusive community that aims to support and welcome pupils with medical conditions.

This school aims to provide all pupils with all medical conditions the same opportunities as others at school. We will help to ensure they can:

- be healthy
- stay safe
- enjoy and achieve
- make a positive contribution
- achieve economic well-being

The school ensures all staff understand their duty of care to children and young people in the event of an emergency.

All staff feel confident in knowing what to do in an emergency.

This school understands that certain medical conditions are serious and can be potentially life threatening, particularly if ill managed or misunderstood.

Such medical conditions identified under the Children and Families Act 2014 are:

- asthma
- cancer
- diabetes
- epilepsy

This school understands the importance of medication being taken as prescribed or according to the instructions detailed on it.

All staff understand the common medical conditions that affect children at this school. Staff receive training on the impact medical conditions can have on pupils.

The aim of this policy is to effectively support individual children with medical needs and to enable pupils to achieve regular attendance. This has been revised within The Children and Families Act 2014 and follows all legal requirements.

Parents should not send a child to school if they are unwell; Beeston Rylands Junior School is not an extension of Accident & Emergency. If your child sustains an injury it is your duty of care to ensure you take your child to their local A + E or GP. We can only deal with first aid issues that occur on site.

Where a child has a long term medical need a written health care plan (Appendix 1) will be drawn up with the parents and health professionals.

Parents must inform the school and, if necessary, Beeston Out of School Club or any other their child attends about any particular needs before a child is admitted or when a child first develops a medical need. A health care plan will be drawn up.

The school and setting need separate notifications.

The National Curriculum Inclusion Statement 2000 emphasises the importance of providing effective learning opportunities for all pupils and offers three key principles for inclusion:

Schools have a responsibility to provide a broad and balanced curriculum for all pupils. This statutory inclusion statement sets out three principles for developing an inclusive curriculum which provides all pupils with relevant and challenging learning.

Schools must:

- set suitable learning challenges
- respond to pupils' diverse learning needs
- overcome potential barriers to learning and assessment for individuals and groups of pupils.

## **RESPONSIBILITIES**

### **Parents and Carers**

To administer medication on a short term or occasional basis, the parent(s) are required to complete a Consent Form (Appendix 2)

#### **Verbal instructions will not be accepted.**

Staff will keep a record of the administering of medicines (Appendix 3).

If it is known that pupils are self-administering medication in school on a regular basis, a completed Consent Form is still required from the parent(s).

For administration of emergency medication, a health care plan must be completed by the parent(s) in conjunction with the school nurse and school staff. Minor changes to the health care plan can be made if signed and dated by the parent(s). If, however, changes are major, a new health care plan must be completed. Health care plans should be reviewed annually.

The parent(s) need to ensure there is sufficient medication and that the medication is in date. The parent(s) and carer(s) must replace the supply of medication at the request of relevant school/health professional. Medication should be provided in an original container with the following, clearly shown on the label:

- Child's name, date of birth;
- Name and strength of medication;
- Dose;
- Expiry dates whenever possible;
- Dispensing date/pharmacists details

Any medications not presented properly will not be accepted in school. Parents can come into school to administer these medicines at the prescribed times.

### **School Staff**

Medication is only administered by staff that have received First Aid Training.

Some teaching unions advise school staff not to administer medication to pupils, the unions also accept that sometimes it is done; if so they advise that the teacher has access to information, training and that appropriate insurance is in place. In practice, head teachers may agree that medication will be administered or allow supervision of self-administration to avoid children losing teaching time by missing school. Each request should be considered on individual merit and school staff have the right to refuse to be involved. It is important that school staff who agree to administer medication understand the basic principles and legal liabilities involved and have confidence in dealing with any emergency situations that may arise. Regular training relating to emergency medication and relevant medical conditions should be undertaken.

### **HEALTH CARE PLANS**

The health care plan should be completed by Parent(s), designated school staff who have volunteered and school nurse. It should include the following information:-

- details of a child's condition
- special requirement e.g. dietary needs, pre-activity precautions
- any side effects of the medicines
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

### **STAFF TRAINING**

When training is delivered to school staff, the school must ensure that a training record (Appendix 4) is completed for inclusion in the Health and Safety records. This will be primarily appropriate for the use of Epipens (for allergies), although other conditions/procedures may also be included from time to time. This is for both insurance and Audit purposes.

### **STORAGE**

When items need to be available for emergency use, e.g. asthma pumps and Epipens, they may be kept in a specified area according to the size/layout of the building (on a shelf in the class quiet room), or with the pupil, as appropriate. It is not necessary for a locked cupboard to be used, but such items should be easily available for the use of pupils and/or staff. When prescription items are held by the school for administration by school staff they should be stored in an area that children do not have access to e.g. the staffroom fridge. Class 1 and 2 drugs should be stored in a fixed medicine safe (code operated)

### **CLASS 1 and 2 DRUGS**

When Class 1 and 2 drugs (primarily "Ritalin" prescribed for Attention Deficit Syndrome) are kept on school premises, a written stock record is also required in order to comply with the Misuse of Drugs Act legislation. This should detail the quantities kept and administered, taken and returned on any educational visit, and returned to the parent/carer, e.g. at the end of term.

## **ANTIBIOTICS**

Parent(s) should be encouraged to ask the GP to prescribe an antibiotic which can be given outside of school hours wherever possible. Most antibiotic medication will not need to be administered during school hours. Twice daily doses should be given in the morning before school and in the evening. Three times a day doses can normally be given in the morning before school, immediately after school (provided this is possible) and at bedtime. If there are any doubts or queries about this please contact your school nurse.

It should normally only be necessary to give antibiotics in school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.

Parent(s) must complete the Consent Form. The antibiotic should be brought into school in the morning and taken home again after school each day by the parent. Whenever possible the first dose of the course, and ideally the second dose, should be administered by the parent(s).

All antibiotics must be clearly labelled with the child's name, the name of the medication, the dose and the date of dispensing. In school the antibiotics should be stored in the school staffroom or where necessary in a refrigerator.

Many of the liquid antibiotics need to be stored in a refrigerator – if so; this will be stated on the label.

Some antibiotics must be taken at a specific time in relation to food. Again this will be written on the label, and the instructions on the label must be carefully followed. Tablets or capsules must be given with a glass of water. The dose of a liquid antibiotic must be carefully measured in an appropriate medicine spoon, medicine pot or oral medicines syringe provided by the parent.

The appropriate records must be made (Appendix 3). If the child does not receive a dose, for whatever reason, the parent must be informed that day.

## **ANALGESICS (PAINKILLERS)**

For pupils who regularly need analgesia (e.g. for migraine), an individual supply of their analgesic should be kept in school. It is recommended that school does not keep stock supplies of analgesics e.g. paracetamol (in the form of soluble), for potential administration to any pupil. Parental consent must be in place. CHILDREN SHOULD NEVER BE GIVEN ASPIRIN OR ANY MEDICINES CONTAINING ASPIRIN.

## **NON PRESCRIBED MEDICATION**

From May 31<sup>st</sup> 2018 doctors will no longer be able to hand out treatments for conditions which the NHS says 'will cure themselves'. They will also be barred from prescribing treatments for problems that the NHS says can be dealt with through self-care and products that can easily be bought from a pharmacy.

These should be accepted only in exceptional circumstances, and be treated in the same way as prescribed medication.

- No medicine to be accepted on a 'just in case' basis.
- Parents must complete a consent form like they would do for prescribed medicine on the first day
- Parents to inform school on a daily basis if the medication is to be given. If school does not receive daily instructions then no medicine will be administered.
- A text message will be sent home at the time of giving the medicine so parents are aware of the time the dose was given.
- Parents to collect the medicine from school as soon as possible
- Medicines not claimed after 4 weeks or at the end of a half term (whichever is sooner) will be disposed of and the parents informed.

## **DISPOSAL OF MEDICINE**

Parents are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. They should collect medicines held by the school at the end of each term.

## **RESIDENTIAL VISITS**

On occasion it may be necessary for a school/centre to administer an "over the counter" medicine in the event of a pupil suffering from a minor ailment, such as a cold, sore throat while away on an Educational Visit. In this instance the parental consent form (EV4) will provide an "if needed" authority, which should be confirmed by phone call from the Group Leader to the parent/carer when this is needed, and a written record is kept with the visit documentation. This action has been agreed by the Council's Insurance and Legal Sections.

### **REFUSING MEDICINE**

When a child refuses medicine the parent should be informed the same day and be recorded accordingly. Staff cannot force a child to take any medicine.

### **SELF MANAGEMENT**

Children are encouraged to take responsibility for their own medicine from an early age. A good example of this is children keeping their own asthma reliever.

### **TRAVEL SICKNESS**

It has also been agreed by the Council's Insurance and Legal Sections that, in the event of a pupil suffering from travel sickness (by coach or public transport) the following procedure may apply:

### **DAY VISITS (e.g. to a museum or exhibition)**

The pupil should be given the appropriate medication before leaving home, and when a written parental consent is received he/she may be given a further dose before leaving the venue for the return journey (in a clearly marked sealed envelope with child's details, contents, and time of medication). Medication is to be kept in the charge of a named member of staff, and the parental consent is signed by that staff member before inclusion in the visit documentation.

### **GUIDELINES FOR THE ADMINISTRATION OF EPIPEN BY SCHOOL STAFF**

An Epipen is a preloaded pen device, which contains a single measured dose of adrenaline (also known as epinephrine) for administration in cases of severe allergic reaction. An Epipen is safe, and even if given inadvertently it will not do any harm. It is not possible to give too large a dose from one dose used correctly in accordance with the Care Plan. An Epipen can only be administered by school staff that have volunteered and have been designated as appropriate by the Headteacher and who has been assessed as competent by the school nurse/doctor. Training of designated staff will be provided by the school doctor/nurse and a record of training undertaken will be kept by the head teacher. Training will be updated at least once a year.

1. There should be an individual Care Plan and Consent Form, in place for each child. These should be readily available. They will be completed before the training session in conjunction with parent(s), school staff and doctor/nurse.
2. Ensure that the Epipen is in date. The Epipen should be stored at room temperature and protected from heat and light. It should be kept in the original named box.
3. The Epipen should be readily accessible for use in an emergency and where children are of an appropriate age; the Epipen can be carried on their person.
4. Expiry dates and discoloration of contents should be checked by the school nurse termly. If necessary she may ask the school doctor to carry out this responsibility. The Epipen should be replaced by the parent(s) at the request of the school nurse/school staff.
5. The use of the Epipen must be recorded on the child's Care Plan, with time, date and full signature of the person who administered the Epipen.
6. Once the Epipen is administered, a 999 call must be made immediately. If two people are present, the 999 call should be made at the same time of administering the Epipen. The used Epipen must be given to the ambulance personnel. It is the parent's responsibility to renew the Epipen before the child returns to school.
7. If the child leaves the school site e.g. school trips, the Epipen must be readily available.

### **GUIDELINES FOR MANAGING ASTHMA**

People with asthma have airways which narrow as a reaction to various triggers. The narrowing or obstruction of the airways causes difficulty in breathing and can usually be alleviated with medication taken via an inhaler. Inhalers are generally safe, and if a pupil took another pupil's inhaler, it is unlikely there would be any adverse effects. School staff, who have volunteered to assist children with inhalers, will be offered training from the school nurse.

1. If school staff are assisting children with their inhalers, a Consent Form from parent(s) should be in place. Individual Care Plans need only be in place if children have severe asthma which may result in a medical emergency.
2. Inhalers MUST be readily available when children need them. Pupils should be encouraged to carry their own inhalers. If the pupil is too young or immature to take responsibility for their inhaler, it should be stored in a readily accessible safe place e.g. the classroom. Individual circumstances need to be considered, e.g. in small schools; inhalers may be kept in the school office.
3. It would be considered helpful if parent(s) could supply a spare inhaler for children who carry their own inhalers. This could be stored safely at school in case the original inhaler is accidentally left at home or the child loses it whilst at school. This inhaler must have an expiry date beyond the end of the school year.
4. All inhalers should be labelled with the child's name.
5. Some children, particularly the younger ones, may use a spacer device with their inhaler; this also needs to be labelled with their name. The spacer device needs to be sent home at least once a term for cleaning.
6. School staff should take appropriate disciplinary action if the owner or other pupils misuse inhalers.
7. Parent(s) should be responsible for renewing out of date and empty inhalers.
8. Parent(s) should be informed if a child is using the inhaler excessively.
9. Physical activities will benefit pupils with asthma, but they may need to use their inhaler 10 minutes before exertion. The inhaler MUST be available during PE and games. If pupils are unwell they should not be forced to participate.
10. If pupils are going on offsite visits, inhalers MUST still be accessible.
11. It is good practice for school staff to have a clear out of any inhalers at least on an annual basis. Out of date inhalers, and inhalers no longer needed must be returned to parent(s).
12. Asthma can be triggered by substances found in school e.g. animal fur, glues and chemicals. Care should be taken to ensure that any pupil who reacts to these are advised not to have contact with these.

#### **GUIDELINES FOR MANAGING HYPOGLYCAEMIA (HYPO'S OR LOW BLOOD SUGAR) IN PUPILS WHO HAVE DIABETES**

Diabetes is a condition where the person's normal hormonal mechanisms do not control their blood sugar levels. In the majority of children the condition is controlled by insulin injections and diet. It is unlikely that injections will need to be given during school hours, but some older children may need to inject during school hours. All staff will be offered training on diabetes and how to prevent the occurrence of hypoglycaemia. This might be in conjunction with paediatric hospital liaison staff or Primary Care Trust staff.

Staff who have volunteered and have been designated as appropriate by the head teacher will administer treatment for hypoglycaemic episodes.

To prevent "hypo's"

1. There should be a Care Plan and Consent Form in place. It will be completed at the training sessions in conjunction with staff and parent(s). Staff should be familiar with pupil's individual symptoms of a "hypo". This will be recorded in the Care Plan.
2. Pupils must be allowed to eat regularly during the day. This may include eating snacks during class time or prior to exercise. Meals should not be unduly delayed e.g. due to extra curricular activities at lunchtimes or detention sessions. Off site activities e.g. visits, overnight stays, will require additional planning and liaison with parent(s).

To treat "hypo's"

1. If a meal or snack is missed, or after strenuous activity or sometimes even for no apparent reason, the pupil may experience a "hypo". Symptoms may include sweating, pale skin, confusion and slurred speech.
2. Treatment for a "hypo" might be different for each child, but will be either dextrose tablets, or sugary drink, chocolate bar or hypostop (dextrose gel), as per Care Plan. Whichever treatment is used, it should be readily available and not locked away. Many children will carry the treatment with them. Expiry dates must be checked each term, either by a member of school staff or the school nurse.
3. It is the parent's responsibility to ensure appropriate treatment is available. Once the child has recovered a slower acting starchy food such as biscuits and milk should be given. If the child is very drowsy, unconscious or fitting, a 999 call must be made and the child put in the recovery position. Do not attempt oral treatment. Parent(s) should be informed of "hypo's" where staff have issued treatment in accordance with Care Plan.

If Hypostop has been provided

The Consent Form should be available.

Hypostop is squeezed into the side of the mouth and rubbed into the gums, where it will be absorbed by the bloodstream. The use of Hypostop must be recorded on the child's Care Plan with time, date and full signature of the person who administered it. It is the parent's responsibility to renew the Hypostop when it has been used.

**DO NOT USE HYPOSTOP IF THE CHILD IS UNCONSCIOUS.**

**OTHER POLICY DOCUMENTS THAT UNDERPIN THIS POLICY FOR MEDICINES**

- HEALTH AND SAFETY POLICY
- FIRST AID POLICY AND PROCEDURES
- SPECIAL EDUCATIONAL NEEDS (SEN) POLICY

Appendix 1

**Health Care 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**

Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Phone no. (work)	
(home)	
(mobile)	

**Clinic/Hospital Contact**

Name	
Phone no.	

**G.P.**

Name	
Phone no.	

Describe medical needs and give details of child's symptoms

Daily care requirements (*e.g. before sport/at lunchtime*)

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

Follow up care

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

Form copied to

Appendix 2

**Parental agreement for school/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.

Name of school/setting	Beeston Rylands Junior School
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>	
Date dispensed	/ /
Expiry date	/ /
Agreed review date to be initiated by	
Dosage and method	
Timing	
Special precautions	
Are there any side effects that the school/setting needs to know about?	
Self administration	No
Procedures to take in an emergency	

**Contact Details**

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	

I accept that this is a service that the school/setting is not obliged to undertake.

I understand that I must notify the school/setting of any changes in writing.

Date \_\_\_\_\_ Signature(s) \_\_\_\_\_

Appendix 3

**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			
Staff initials			

Appendix 4

**Staff training record – administration of medicines**

Name of school/setting	
Name	
Type of training received	
Date of training completed	/ /
Training provided by	
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 [please state how often].

Trainer's signature \_\_\_\_\_

Date \_\_\_\_\_

**I confirm that I have received the training detailed above.**

Staff signature \_\_\_\_\_

Date \_\_\_\_\_

Suggested review date \_\_\_\_\_