

St Ann's Catholic Primary School
Managing Children with Medical Conditions
and Medicines in School Policy
September 2023



Adopted by the Governing Committee
At their meeting on 23.01.2024
Bi-annual Review date January 2026

All staff, governors, parents/carers and members of St Ann's Catholic Primary School community will be made aware of and have access to this policy.

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 St Ann's Catholic Primary School will ensure that these arrangements fulfil their statutory duties and follow guidance outline in 'Supporting pupils at school with medical conditions' December 2015.

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 St Ann's Catholic Primary School are managed appropriately. They will be supported with the implementation of these arrangements by Headteacher and school staff.

The leads for the management of medicines at St Ann's Catholic Primary School is are **Susan Gill** and **Joanne Smith**. 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 St Ann's Catholic Primary 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 headteacher's annual report to Governors.

Admissions

When the school is notified of the admission of a pupil with medical needs the Class Teacher and the Headteacher 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 (see Appendix E for parent letter).

Confidentiality

As required by the General Data Protection Act 2018, school staff should treat medical information confidentially. Staff will consult with the parent, or the pupil if appropriate, as to who else should have

access to records and other information about the pupil's medical needs and this should be recorded on the IHP or EHC. It is expected that staff with contact to a pupil with medical needs will as a minimum be informed of the pupil's condition and know how to respond in a medical emergency.

Consent to administer medication

Prescribed and non-prescribed medication – each request to administer medication must be accompanied by 'Parental consent to administer medication' form (Template B).

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 may call into the school and administer medicine to their child, or they may request that a family member or friend comes to school to administer the medicine if it is to be administered four times a day. Only medicines to be taken four times a day, and which are for a long-term or re-occurring illness will be administered by school staff.

The Headteacher or a member of the Leadership Team must first agree the administration of the medicine if it is for a re-occurring or long-term illness. The parent or carer must supply the medicine in the original pharmacist's packaging clearly labelled including details for administration and possible side effects to the school office and sign the medication into School. Parents must complete a 'Parental agreement for setting to administer medicine' form (Appendix Template B). On no account should a child come to school with medicine if he/she is unwell.

All medication must be signed into and out of School by the parent/carer via the School Office (Appendix H). Children must not be responsible for the safekeeping of their medication and as such, should not bring medication in to School themselves.

Asthma

The school recognises that pupils with asthma need access to relief medication at all times. The school will manage asthma in school as outlined in the Asthma Plan. It is the parent/carer's responsibility to provide School with a copy of their child's Asthma Plan as provided by the NHS. Pupils with asthma will be required to have an emergency inhaler and a spacer (if prescribed) in school. The school may ask the pupils parent or carer to provide a second inhaler. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept. The school inhaler will only be used as outlined in the Asthma Plan. If an Asthma plan cannot be obtained by the parent/carer from the NHS, a 'Parental agreement for School to administer medicine' (Appendix Template B) may be completed instead. The school will develop IHP's for those pupils with severe asthma.

Inhalers are kept in the resources' cupboard of the classroom that the child belongs to. If the child leaves the school premises, on a trip or visit, the inhaler is taken by the adult in charge of First Aid. It is the parent/carers's responsibility to ensure the medication is within the 'use by' date and replaced when necessary.

Anaphylaxis

Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to pupils within the school population. The majority of staff are to be trained in the administration of auto injectors and training is renewed bi-annually.

In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) advice the school will ask parent/carer(s) of children who are prescribed auto-injectors to provide 2 auto-injectors

for school use. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept.

Each child prescribed auto injectors should have two Epi-pens which are kept in their classroom resources cupboard. Epi-pens are stored in boxes with a photo of the child on the outside and clearly labelled. The majority of adults in school have received training to enable them to administer the epi-pen in emergencies. This training is updated bi-annually.

Although there is no statutory requirement for schools to carry a 'spare pen', St Ann's Catholic Primary School can choose to stock spare pens. It is the leads for the management of medicines responsibility to ensure the spare pens are within the 'use by' date and replaced when necessary.

Mild Allergic Reaction

Non-prescription antihistamine will with parental consent be administered for symptoms of mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes), the pupil must be monitored for signs of further allergic reaction. If antihistamine is not part of an initial treatment plan, anaphylaxis medication will be administered following the guidance for short term ad-hoc nonprescribed medication.

Some antihistamine medication can cause drowsiness and therefore the school will consider if it is necessary for pupils to avoid any contact hazardous equipment after administration of the medication i.e. P.E. or Science

See also Allergy Policy

Hay fever

Parent(s)/carer(s) will be expected to administer a dose of antihistamine to their child before school for the treatment of hay fever. The school will only administer antihistamine for symptoms of allergic reaction and not as a precautionary measure.

Severe Allergic Reaction

Where a GP/Consultant has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction this will be detailed on the pupils Allergy Action Plan. The school will administer 1 standard dose of antihistamine (appropriate to age and weight of the pupil) and it is very important that symptoms are monitored for signs of further allergic reaction. During this time pupils must NEVER be left alone and should be observed at all times. Parent/carers will be contacted and updated with the child's symptoms and administration of antihistamine.

If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms then if the pupil has been prescribed an adrenaline auto injector it will be administered without delay an ambulance called and the parents informed.

Medical Emergencies

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 or EHC, the emergency procedures detailed in the plan are followed, and a copy of the IHP or EHC is given to the ambulance crew. If applicable the pupil's emergency medication will be administered by trained school staff, if the pupil's medication isn't available staff will administer the school's emergency medication with prior parental consent.

In accordance with amendments made to the Human Medicines Regulations 2012 from October 2014 a sufficient number of salbutamol inhaler(s) spacer(s) will be held by the school to cover emergency use.

Instructions for calling an ambulance are displayed prominently by the telephone in the school office and also in the inside front cover of the Record of Medicine Administered to Individual Children folder.

Non-prescription Medicines

Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school the school will administer non-prescription medicines. The school will not administer alternative treatments i.e. homeopathic or herbal potions, pills or tinctures or nutrition supplements unless prescribed or recommended by a Doctor and detailed on an IHP or EHC as part of a wider treatment protocol. As recommended by the Government in 'Supporting Pupils at School with Medical Conditions December 2015' the school will also not administer aspirin unless prescribed. The storage and administration for non-prescription medication will be treated as prescription medicines.

Paracetamol may be used as pain relief for children under the age of 10, if parental consent is gained (Appendix Template B). Circumstances that might warrant the use of pain relief include fracture, and post-operatively general surgery. Details of the pupil's condition and the requirement for on demand pain relief must be documented on 'Individual Protocol for a pupil using paracetamol' (Appendix Template G). In addition to the protocol for the administration of paracetamol detailed above the school will:

- Call the parent/carer prior to administration to check if any paracetamol has been administered at home in the last four hours and inform them of the time paracetamol will be administered at School. If a dose of pain relief has not been administered in the past four hours the school will with parental consent administer one dose.
- Only administer paracetamol for a maximum of 1 week.
- Require the parent or carer to supply the paracetamol for administration. This can be in the form of a liquid.
- Monitor the requirement for pain relief and regularly reviewed during the week; pain relief should not be given routinely each day. The review will be detailed on the pupils Individual Protocol.

Paracetamol may not be administered for ad-hoc unknown pain/fever etc. If the school is in any doubt if symptoms warrant pain relief the parent/carer will be contacted.

The school will also administer non-prescription travel sickness medication and antihistamine (Piriton) for mild allergic reactions. The majority of medication lasts 4-6 hours, therefore parents/carers are encouraged to administer non-prescription medication at home prior to the start of the school day. A parent or carer may attend school to administer additional doses if necessary.

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 headteacher 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, First Aiders 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) (Appendix Template A) or Educational Health and Care plan (EHC). These plans will be reviewed by the school annually or following a significant change in a pupil's medical condition. **Impaired mobility**

Providing the approval of the GP or consultant has been given there is no reason why children wearing plaster casts or using crutches should not attend school. Safeguards and restrictions will be necessary on PE, practical work or playtimes to protect the child or others. A risk assessment will need to be completed before the child returns to school. This will usually be completed within 24 hours of notification of the impaired mobility.

Pupils taking their own medication

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication, but this will always be supervised by a member of staff. 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 (Appendix 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 (epi-pens), Diabetes (insulin) Epilepsy (midazolam). 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'.

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' (Appendix Template C).

Storage and Access to Medicines

All medicines apart from emergency medicines (inhalers, epi-pens etc) and medication that needs to be kept in a fridge (some antibiotics) are kept in a locked cupboard. Medicines are always stored in the original pharmacist's container. 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 epi-pens are kept within easy access in a secure place that is known to staff in the child's classroom. Staff must ensure that emergency medication is readily available at all times i.e. during outside PE lessons and educational visits. Medicines that require refrigeration are kept in the Staffroom fridge, clearly labelled.

Waste medication

Where possible staff should take care to prepare medication correctly. If too much medication is drawn into a syringe the remainder (amount above the required dose) should be returned to the bottle before administration. If only a half tablet is administered the remainder should be returned to the bottle or packaging for future administration.

If a course of medication has been completed or medication is date expired it will be returned to the parent/carer for disposal.

Spillages

A spill must be dealt with as quickly as possible and staff are obliged to take responsibility/follow the guidelines. Spillages will be cleared up following the schools procedures and considering the control of

infection. Any spilled medication will be deemed unsuitable for administration and if necessary parents will be asked to provide additional medication.

The school has additional procedures in place for the management of bodily fluids which are detailed in the 'Guidance on infection control in schools and other childcare settings' from the Health Protection Agency.

If the school holds any cytotoxic drugs, their management will be separately risk assessed and follow Health and Safety Executive (HSE) guidance.

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 carer 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' (Appendix Template C)

Recording Errors and Incidents

If for whatever reason there is a mistake made in the administration of medication and the pupil is:

- Given the wrong medication
- Given the wrong dose
- Given medication at the wrong time (insufficient intervals between doses)
- Given medication that is out of date
- Or the wrong pupil is given medication

Incidents must be reported to the Schools Senior Management Team who will immediately inform the pupil's parent/carer. Details of the incident will be recorded locally as part of the school's local arrangements. Local records must include details of what happened, the date, who is responsible and any effect the mistake has caused. Senior Management will investigate the incident and change procedures to prevent reoccurrence if necessary. NB: Incidents that arise from medical conditions that are being well managed by the school do not need to be reported or recorded locally.

Medicines on Educational Visits

Staff will administer prescription medicines to pupils with long-term conditions when required during educational visits. Parents should ensure they complete a consent form (Appendix Template B) and supply a sufficient supply of medication in its pharmacist's container. Non-prescription medicines (apart from travel sickness medication and anti-histamine for a mild allergic reaction) cannot be administered by staff and pupils must not carry them for self-administration.

Pupils with long-term 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.

Complaints

Issues arising from the medical treatment of a pupil whilst in school should in the first instance be directed to the Headteacher. If the Headteacher cannot resolve the matter, they will direct parents/carers to the school's complaints procedure.

Appendices

Template A Individual Healthcare Plan (IHP)

Template B Parental agreement for setting to administer medicine

Template C Record of medicine administered to an individual child

Template D Contacting Emergency Services

Template E Parent Letter IHCP Invitation

Template F Individual Protocol for a pupil using antihistamine (eg Piriton)
Template G Individual Protocol for a pupil under the age of 10 using paracetamol

Approved by the Governing Body
At their meeting on 23.01.2024
Review date January 2026

Signed..... **Date**.....

Isabella Gillespie
Chair of Governors

