



St Michael's Prep School

Administration and Storage of Medication Policy and Procedure.

Date of Last Review:	February 2016	Review Period:	
Date of Next Review:		Owner:	Health & Safety Committee
Type of Policy:		Board Approval	

1. Introduction

This policy sets out how prescribed and non-prescribed medicines are managed for the benefit and safety of all pupils and staff. It takes into account regulatory requirements, Section 100 of the Children and Families Act 2014, the Equality Act 2010 and DfE guidance; "Supporting Pupils at school with Medical Conditions" Dec 2015 although this is not a statutory document for Independent schools and "Managing Medicines in Schools and Early Years Settings" March 2005

This policy is reviewed every two years or if legislation changes. The Governors' Welfare committee has oversight of this policy. This policy applies also to EYFS

Principles

Children with medical conditions should be supported so that they have full access to education including school trips and physical education. Caring for children with medical needs is part of our pastoral work at school and we recognise that children can be sensitive about health issues. Where possible the child will be responsible for their own medicines. Managing the medical needs of a child is considered a reasonable adjustment under SEND legislation. Where medical issues require absence from school pupils will be enabled to access remotely an appropriate curriculum, modified if need be.

Related policies

Safeguarding
SEND
Equal Opportunities
Health and Safety
First Aid

Reviewed Feb 2016 JAI LHO JGR and TJS and October-December 2016
Staff/whole school/policies/welfare health and safety

Sun Protection
Off games policy
Transition policy

2.Responsibilities

2.1 The Governors

Are responsible for ensuring that arrangements are in place to support children with medical conditions and that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported

2.2 The Head has overall responsibility for this policy and is responsible for identifying and meeting the training needs of all staff. Responsibility for the overseeing the implementation of this policy is delegated to the Health and Safety leader

2.3 The Director of Finance and Operations

Ensuring that the school's insurance covers staff upholding this policy, providing support to pupils with medical conditions, administering medicines and that staff are aware of this insurance and what it covers. Organising the safe disposal of the sharp box, should there be one and medical waste. In the event of the Office Manager's absence clarifying who will carry out her roles.

2.4 The Health and Safety Leader

Overseeing and implementing the policy
Reviewing issues arising from it
Liaising with Office staff in Prep and Pre-Prep to ensure consistency
Identifying training that will support effective implementation
The induction of new staff in their responsibilities regarding students with medical conditions
Countersigning the medicine permission forms
Reviewing Personal Care Plan (PCP)

2.5 Director of Marketing and Admissions

Obtaining, inputting and disseminating known medical information and appropriate contact details for all new pupils.

2.6 The Office Manager (Prep)

Ensuring receipt, release and return, and storage of medication procedures are followed
Communicating with parents about matters related to day to day administration
Liaising with her team and colleagues in Pre-Prep to ensure effective implementation of procedures
In a fire evacuation, collecting the medicines of children whose lives are at risk without it
Taking the folder of PCP out of the office in an emergency evacuation. Organising for the First Aid Boxes to be checked and replenished each half term
Ensuring expired medicines throughout the school are collected at least every holiday

2.7 Class teachers

Knowing and understanding the medical needs of the children in their form class and monitoring those who need to take medicine in the school day. Supporting pastorally, children with medical needs so that they can enjoy and achieve as fully as possible at school. Completing the PCP, and sharing this with staff.

2.8 Heads of Year

Ensuring that class teachers fulfil their duties regarding medication and are supported in so doing.

2.9 Pastoral Deputy

Holding HOY to account for this

2.10 The Deputy Head Teaching and Learning

Establishing access arrangements to an offsite or modified curriculum where the medical needs of the child necessitate absence from school and ensuring that all children make good progress regardless of their medical needs.

2.11 The Head of learning Development

Drawing up and applying for EHCP with the relevant LEA, training all staff in how they can modify their practice to meet the needs of the child

2.12 All Staff

Having regard for the medical needs of all children when planning lessons or supervising children. Declaring any medical condition to the head that might affect your ability to be in sole charge of children off site. Understanding that you cannot be required to administer medication if you do not wish to do so. Fulfilling your duties as named contact on a medical plan if you have agreed to do so.

2.13 Games Staff

Being personally responsible for knowing the medical needs of those in your team on and off site. Following the procedures for the release and return of medications. Ensuring the safety of and access to the medicines at all times they are in your care following release and return protocol.

2.14 Trip Leaders

Carrying out a Medical Risk assessment as early as possible for your trip including planning within the Risk Assessment for any staff conditions which impact their ability to be in sole charge. Allocating specific responsibilities to named trip staff and recording all medicines administered on trips. Giving these records to the office on return. Ensuring the safety of and access to the medicines at all times they are in your care.

2.15 Parents

Providing the school with all relevant health information to secure your child's wellbeing, health and success. Sharing in the drawing up of effective plans to meet your child's medical needs. Securing where possible a form of medication for your child that does not require administration during school hours (ie slow release)

2.16 Pupils

Sharing your experience of your health so as to enable the school to meet your needs. Carrying out self-administration procedures reliably and responsibly, with supervision as agreed. Supporting fellow pupils with medical needs with compassion, sensitivity and respect.

2.17 Community Nursing teams

Tel: 0300 123 1816 email: kchft.schoolhealth@nhs.net. The NHS school health teams across Kent have a single point of access. The team consists of school nurses, school staff nurses, school nurse assistants and secretarial support. All school nurses are qualified nurses, with specialist training in public health. The team offers health assessments for all children and families to find out any health needs they may have. They also offer school-based support for individual pupils. Responsible for identifying and advising on the appropriate training needed for specific staff.

2.18 GPs and other health care professionals

Liaising with schools to provide support about a specific child where it is in the child' best interests to do so. The Local Health and Wellbeing Board will provide a forum for considering how to strengthen links between education, health and care settings. Local Health and Wellbeing Board Support officer: Ann Hunter. 03000 416287

3. Training

- All staff are made aware of their role within this policy as part of their induction.
- Staff will be trained in the administration of medicine that requires medical or technical knowledge and in how to effectively support specific pupils with medical conditions. See appendices 2 and 3
- The school is working to create a PCP, (attached in SIMS) for all children with a medical condition
- An individual 'Education Health and Care Plan' (EHCP) will be established for children who require one on medical grounds, in consultation with parents, the pupil and health professionals as required. This plan will be shared with staff on a need to know basis and a copy will be kept in the office and will be attached in SIMS. These plans are reviewed annually with pupil and parent and health care professional participation. Transition plans include effective dissemination of advice

4. Communication

The parent handbook sets out what parents should do if their child requires medication at school. This is given to each family annually and is available on the website. No child can have any medicine at school which is not prescribed. Written permission to administer medication must be received by the office for all prescribed medications. This is to keep all children safe.

Medicines at School

If a child has to bring prescribed medication or over the counter medication into school, the medication must be brought directly to the office in its original packaging on which the prescription will be, together with a signed note from a parent stating dosage, times and authorisation to administer medicine.

Although every care will be taken to give the medicine at the correct time please note that there might be occasions where this does not happen, usually because the child forgets. Should this occur the office will endeavour to inform the parents.

Special arrangements and training where necessary are put in place for pupils who have particular ongoing medical conditions or requirements which include Asthma, Epilepsy, Cystic Fibrosis, Diabetes and Anaphylactic medication. The arrangements made for such pupils are in Individual Health Care Plans which are drawn up with parents as partners. In accordance with the amendments made to the Human Medicines

Regulations 2012 the school will stock emergency Salbutamol asthma inhalers.

5. Prescribed medicines.

The school does not administer any medicines brought in by parents or children that have not been prescribed. Medicines should only be administered at school when it would be detrimental to the child's health or school attendance not to do so. Wherever possible medicines should not be administered at school at all by the prescription of slow release medicines

5.1 Receipt of medicines

- a. Prescribed medicines (in date) should be handed to one of the office staff by the parent/guardian of the child with the attached permission form completed for school records.
- b. Medicines need to be in their original prescription container which should show the child's name, date, the dosage required, the storage requirements, the expiry date and the number of days it should be administered.(the only exception to this is insulin) which must be
- c. The office manager should alert the form teacher of the requirement for a child to take medicine. It is the form teacher's responsibility to make sure that they do.

5.2 Storage by school

- a. Most medicines will be kept in a cupboard or the fridge (if indicated) in the prep school office and should be collected at the end of the required administration period by the parent/guardian, controlled drugs will be kept locked unless the dose is shared between home and school.
- b. Medicines to control life threatening issues must be readily available to children and not locked away.
- c. Children should know where their medicine is kept at school and on trips / matches
- d. If the medicine is kept in a locked cupboard they should know who holds the key
- e. Expiry dates are reviewed in each half term holiday and reminders are sent by the Office manager or a delegated member of staff to parents to collect and where necessary replace medicines.

5.3 Administration Protocols

- a. Children come to the office at the prescribed times to receive their medication. Office staff will endeavour to track them down if they do not arrive and will alert duty teachers using the walkie talkies.
- b. staff administering the medicine should remind the pupil to let them and their parents know if they experience any of the side effects, any reported side effects should be added to the administration record and communicated by email to the parents.
- c. Staff who teach the child at the point in the day when they are required to attend for medication will assist the form teacher in ensuring that they go.

d. Medicines administered will be recorded in the “Record of administration of Medicine Book” and will be observed by another member of staff to ensure correct dosage.

5.4 Release and Return Protocols

Staff responsible for fixtures and trips require school held medicines to be released to them. In a timely fashion they can request that the office bundle in groups by class or team the medicines required the day before the trip or fixture. The medicines are then collected and signed out by the staff responsible. Following the return from the trip the medicines are signed back in again. The return of the drugs must be done in office working hours. The office manager countersigns the return to show that she is satisfied that the medicines are all back.

5.5 The schools keeps an emergency asthma inhaler at school the protocols for its use are detailed below.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 will allow schools to buy salbutamol inhalers, without a prescription, for use in emergencies. The emergency salbutamol inhaler should only be used by children, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty) The protocol should include the following – on which this guidance provides advice:

- *arrangements for the supply, storage, care, and disposal of the inhaler and spacers in line with the school's policy on supporting pupils with medical conditions*
- *having a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler, a copy of which should kept with the emergency inhaler*
- *having written parental consent for use of the emergency inhaler included as part of a child's individual healthcare plan*
- *ensuring that the emergency inhaler is only used by children with asthma with written parental consent for its use*
- *appropriate support and training for staff in the use of the emergency inhaler in line with the school's wider policy on supporting pupils with medical conditions*
- *keeping a record of use of the emergency inhaler as required by Supporting pupils and informing parents or carers that their child has used the emergency inhaler*
- *having at least two volunteers responsible for ensuring the protocol is followed*

A child may be prescribed an inhaler for their asthma which contains an alternative reliever medication to salbutamol (such as terbutaline). The salbutamol inhaler should still be used by these children if their own inhaler is not accessible – it will still help to relieve their asthma and could save their life.

6. Pain Killers and Fever Control drugs.

Children who are not well in the morning should not be brought to school. In the event of a child becoming ill during the school day, the temperature of the child is taken using a thermometer and recorded in the medicines book. If it is not high, no further action is taken and the child is asked to return to class. As children presenting as ill with regularity can be a symptom of a pastoral or safeguarding issue, form teachers are informed if a child comes to the office. This can be recorded in the niggles log. If the child has a temperature, parents are rung and asked to collect the child. If the child is suffering from toothache or similar, a call will be made to parents to obtain permission to administer pain relief. Staff will ensure that another colleague listens to the conversation giving authority. This conversation will be recorded in the "Medicine Book". A child with a headache will be asked to drink water and return at a specified time if the headache persists. This is because headaches are often a sign of dehydration. The school keeps Calpol for pain and fever relief. We do not keep aspirin based painkillers. Medication will not be given to any child without permission. No painkiller or fever control drug will be administered at school before 12.30pm. This is to prevent a child from being overdosed on painkillers.

7. Allergy relief

The school keeps Piriton Syrup to relieve children suffering from hayfever or reaction to insect stings. Children who suffer from hayfever should have their own prescribed medication. A call will be made to parents to obtain permission to administer should the child present in such distress as prevents them from accessing the curriculum.

7. Paracetamol tablets

The office stocks paracetamol for the use of staff only

8. Inhalers and Epi Pens.

8.1 Inhalers and auto injectors will be stored in a locked cupboard unless it has been agreed that the child should have the inhaler or auto injector with them at all times.

8.2 *From DfE: Responding to signs of an asthma attack:*

- *Keep calm and reassure the child*
- *Encourage the child to sit up and slightly forward.*
- *Use the child's own inhaler – if not available, use the emergency inhaler*
- *Remain with child while inhaler and spacer are brought to them*
- *Immediately help the child to take two separate puffs of the salbutamol via the spacer immediately*
- *If there is no immediate improvement, continue to give two puffs every two minutes up to a maximum of 10 puffs, or until their symptoms improve. The inhaler should be shaken between puffs.*

- *Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better*
- *If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE*
- *If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way*
- *The child's parents or carers should be contacted after the ambulance has been called.*
- *A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.*

8.3 If a child carries their own medication, this fact will be recorded in SIMS and communicated to all staff. The responsibility of the child to have and carry their medication on a trip or match must be checked by the member of staff responsible for that trip or fixture.

8.4 It is the parents' responsibility to check that inhalers and auto injectors that children carry are in date.

8.5 Administering Epi-pens

Staff who administer epi pens have been trained to do so see appendix 2

For procedure for administering epi pens see appendix 3

8.6 Managing diabetes

Staff who administer insulin have been trained to do so see appendix 4

For procedure for administering insulin see appendix 5

9. Administration of creams or lotions.

Where there is a requirement to administer a cream or lotion to a child in Pre-Prep permission needs to be sought from the parent and Prep children will be expected to apply it themselves and be taught at home how to do this. (See sun protection policy)

10. Mental Health

Although medicines rarely play a part in meeting the medical needs of mental health issues, the school will recommend the service of health professionals to meet these medical needs where the school believes this to be in the child's best interests

For recommended practitioners see appendix 6

11. Staff Medication.

11.1 Staff are asked on recruitment, whether they have any condition which might mean they cannot accept sole responsibility for children off site.

11.2 If members of staff are taking medication which might affect their ability to care for children they should seek medical advice and inform their line manager.

11.3 Staff who require pain relief can access the school paracetamol supply. If they do so they sign a disclaimer permission form and their dosage is recorded in a separate staff medicines log.

11.4 Staff medication on the premises must be securely stored and out of the reach and access of children at all times.

11.5 When staff sign on the sign in sheets they also agree that: *Practitioners must not be under the influence of alcohol or any other substance which may affect their ability to care for children. If practitioners are taking medication which may affect their ability to care for children, those practitioners should seek medical advice. Providers must ensure that those practitioners only work directly with children if medical advice confirms that the medication is unlikely to impair that staff member's ability to look after children properly. Staff medication on the premises must be securely stored, and out of reach of children, at all times.*

12. Record Keeping

A chart is kept in each office detailing what medicines are stored on site, to whom they belong and when they expire. This is checked each half term holiday by the Office Manager

13. Disposal

Expired medicines are collected by parents to be disposed of safely. Unused medicines where families have left the school should be taken to Otford Pharmacy for safe disposal.

A sharps box should be used for the safe disposal of needles. The management of the sharps box is the responsibility of the DFO

14. Critical incidents

In an emergency at school (fire / evacuation/) the office manager is responsible for collecting the medicines of children whose lives are at risk without it

Taking the folder of medical plans out of the office in an emergency evacuation. On days where she/he is absent this responsibility is delegated to another member of staff by the DFO

15. Data Protection

The school recognises that medical information is confidential. Medical information is shared on a need to know basis guided by the principle of what is in the child's best interests. This is because a large number of adults are responsible for the well-being of a child in any one day so communication will prioritise medical requirements over confidential detail. So for example all staff might be aware that a child needs to take medicine at noon so that cover lessons and duties are taken care of but they will not know what this medication is for.

The PCP includes a signed agreement by staff and children regarding confidentiality

Information shared with staff at briefings must respect this principle.

All medical information is kept secure. If an ambulance is called the medical and contact details are shared with the crew.

Medical information is shared with the school to which a pupil transfers with parental permission.

16. Complaints

Parents who feel dissatisfied with the support provided to children with medical conditions should follow the school's complaints procedure.

17. Monitoring and evaluation of this policy

This policy is monitored and evaluated by the health and safety leader and forms part of her health and safety report to governors annually. In doing this, advice is sought from appropriate health professionals.

Appendix 1 Permission for Administering Medicines

I give permission for my child..... in Form to receive the following medication:

Name of medicine.....

Dosage:Until (Date)

Side effects.....

.....

Storage requirements

Expiry Date.....

Any special instructions:

.....

.....

I give permission for my child to administer his/ her own medicine and he/she has signed below to show that he/she understands that medicine will be kept securely, administered according to the prescription and that it must not be given to another child. **(Prep School children only)**

Child's Name: (Please print)

Signature of child..... Date.....

- I understand my child will be supervised when administering medicines wherever possible
- I undertake to collect medicines from school promptly when required to do so.
- I undertake to ensure that medication kept at school for my child is 'in date' (e.g. epipens, inhalers etc.)
- I agree/do not agree to staff applying sun cream to my child **(Pre Prep only- please delete as applicable)**

Asthma:

If my child's inhaler is unavailable I consent to an emergency inhaler being given to my child.

Parent's Name: (Please print)

Signature of parent..... Date.....

Signature of member of staff receiving medicine..... Date.....

Signature of Health and Safety Leader..... Date.....

Appendix 2

Staff who have been trained to administer an epi-pen *(to be added)*

Appendix 3

Someone experiencing anaphylaxis should be placed in a comfortable position.

Most people should lie flat.

Pregnant women should lie on their left side to avoid putting too much pressure on the large vein that leads to the heart.

People having trouble breathing should sit up to help make breathing easier.

People who are unconscious should be placed in the recovery position to ensure the airway remains open and clear – place them on their side, making sure they're supported by one leg and one arm, and open their airway by lifting their chin.

Avoid a sudden change to an upright posture such as standing or sitting up – this can cause a dangerous fall in blood pressure.

There is no need to remove clothing to use your EpiPen®, but make sure the orange end will not hit buckles, zips, buttons or thick seams on your clothes.

To remove EpiPen® from the carry case. Flip open the lid on the carry case. Tip the carry case and slide the EpiPen® out of the carry case.

Lie down with your legs slightly elevated to keep your blood flowing or sit up if breathing is difficult.

Inject first then call 999 and ask for an ambulance and state anaphylaxis or get a colleague to call while you inject.



Each EpiPen® can only be used once. If symptoms don't improve, you can administer a second EpiPen® after 5-15 minutes.

Appendix 4

Staff who have been trained to administer insulin *to be added*

Appendix 5

Training is provided for all staff expected to administer insulin and the PCP states the detail of the dosage.

<https://www.diabetes.org.uk/Diabetes-the-basics/Diabetes-treatments/#insulin>

Appendix 6

Recommended Mental Health Practitioners.

Guidance to staff

Thank you for playing your part in ensuring all children can access the school curriculum fully. Remember these principles

Staff should enable children to access their medicine when and where they need it

All children are different. Children with the same condition may need different treatment

Read the child's pupil portrait or medical plan if they have one and be aware of any requirement to use the toilet or eat and drink in lessons.

Carry a printed copy of the PCP with your planning for that class

Indicate that the child has this with a dot against their name in your mark book.

You must have regard for the views of the child, their parents and medical practitioners.

Where these do not foster and promote independence or may place a child in danger or at risk you must challenge such views.

If a child becomes ill in your lesson do send them **with a slip** to the office. Remember a child cannot be seen by the office unless they have a slip from staff.

If a child's attendance pattern creates the need for extra tuition or a reduced curriculum, discuss this with the Deputy Head Teaching and Learning

Where access to medication or a curriculum subject or a trip requires extra support, whilst it is helpful if a parent can provide this it is not legal to require them to do so.