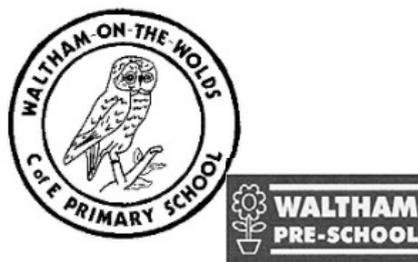




# **MEDICATION POLICY & MANAGEMENT PROCEDURE**



**Adopted by the LGB in spring 2020**

**Approved by DLAT Board of Directors in January 2020**

**Review Date: September 2021**

## **MEDICATION POLICY & MANAGEMENT PROCEDURE**

This policy, procedure and attached DfE templates should be followed by all schools within DLAT.

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## INTRODUCTION

This policy should be read in conjunction with the DLAT Health and Safety Policy.

The DLAT Equality Policy, the school's Inclusion Policy and DLAT's Educational Visit Policies will ensure that all children have access to the full curriculum, and to have their personal, learning and developmental needs met.

This medication policy incorporates the Department for Education Guidance Supporting Pupils with Medical Conditions September 2014. All DLAT schools will adopt the templates issued by the Department for Education Supporting Pupils with Medical Conditions May 2014 (Attached at Appendix A)

Note \* There is no legal duty which requires school staff to administer medicines: this can only be a voluntary role.

## RATIONALE

Most pupils will have at some time, a medical condition that may affect their participation in school activities. For many this will be short-term, perhaps finishing a course of medication.

Other pupils have long term medical conditions that, if not properly managed, could limit their access to education. Such pupils are regarded as having **medical needs** for the purposes of this policy.

Most children with medical needs are able to attend school regularly and with some support from the school, can take part in most normal school activities. However, staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk.

There will be some pupils whose access to the curriculum is impaired not so much by the need to take medication but because their condition brings with it a level of dependency on adult support to meet their personal needs. **This policy seeks to include these pupils and their needs.**

The **Diocese of Leicester Academies Trust** supports the view that all children should have the maximum access to the curriculum. A child's medical condition should be considered against the demands of the curriculum and wherever possible the necessary arrangements put in place to allow maximum access.

Staff who provide support for pupils with medical needs, or who volunteer to administer medication, should receive support from the Head Teacher and the pupil's parent(s)/carer(s), access to information and training, and reassurance about their legal liability. Staff should whenever they feel it necessary consult with their respective professional associations.

## DIOCESE OF LEICESTER ACADEMIES TRUST - MEDICATION POLICY STATEMENT

### Short term medical treatment

The school will work with parents/carers to support keeping pupils in school when they are well enough to attend. When short term medicines such as antibiotics are prescribed, in most cases it should be possible for parents/carers to ask their doctors to arrange antibiotic dose frequencies to enable the medication to be taken outside school hours. If this is not possible, then parents must contact the school, complete a consent form and give clear details of the medication to be given; this must include the times doses have been given at home. Pupils must be well enough to attend school; it is considered that for most pupils requiring antibiotics, during the first 3 days of taking antibiotics they would probably be unwell and should not attend school. (Template B must be completed).

### **Pain Killers**

The school will only administer non prescribed pain relief with written consent from the parent detailing clearly why it is required. Non prescribed pain relief will only be administered for a maximum of **3** days. Pain relief prescribed by a Medical Practitioner will be given for the duration of the prescription once written consent has been given. Consent must clearly state the time that medication has been given at home prior to school attendance and when any further doses are due. For residential visits a consent form for pain relief is requested in advance. Parents will be contacted by phone prior to medication being given, only in the event of parents/carers not being contactable and the pupil being in distress will pain relief be given without speaking with the parents/carers. (Template B must be completed).

### **Long term medical treatment**

It is important for the child's emotional and academic development that the school should be fully aware of a child's medical condition. The school will draw up where appropriate, and in conjunction with the parent and other relevant health professionals, a written Health Care Plan. (See template A and template G model letter to parents). Where medication is to be administered for the long term needs of the child, e.g. Epilepsy, the parents or guardians of the child will need to complete a written agreement form prior to the medication coming onto school premises (Template B and Template G must be completed).

**No pupils should be given any medication without written parental consent.**

### **Staff must keep records of medication given to pupils.**

There is a potential difficulty when the child is responsible for their own treatment e.g. an inhaler held by the child. If medication is given, then the member of staff should check 1) pupil's name 2) written instructions from parent/guardian 3) prescribed dose 4) expiry date 5) Check information with a colleague and seek a counter signature before administering. If in any doubt the member of staff should check with the parent (See templates C and D).

### **Pupils should, when they are sufficiently mature, take charge of their medication themselves.**

(e.g. Inhalers.) This will, however, require the written approval of their parents (template B); and will be subject to the safe storage of the medication, to ensure no other child takes some of the treatment. School staff and parents should, wherever possible, encourage pupils to take responsibility for their medical condition. Pupils should be encouraged to alert staff members if they have taken their inhaler so a record of this can be maintained.

### **If a child refuses medication they should not be forced to take it.**

The school will inform the parent as soon as is possible, and emergency care should be considered.

**Where a medication poses a threat to another child it will always be kept under the supervision of a member of staff.**

**Staff should receive the appropriate training and support to meet the needs of pupils that will fall within their care.** (Template E will be completed for all staff training).

**The school makes provision to meet the health and medical needs of pupils on school visits and residential education.** The school has an Outdoor Education Policy and follows the National Guidance of the Outdoor Education Advisors Panel <http://oeapng.info/downloads/download-info/4-4d-medication>

## RESPONSIBILITIES

It is important that responsibilities for pupils' safety is clearly defined and that each person involved with pupils' medical needs is aware of what is expected of them. Close co-operation between the school, parents, health professionals and other agencies will help provide a suitably supportive environment for pupils with medical needs.

### Parent/Guardian Responsibility

- A comprehensive information guide specifically relating to the pupils condition and medication must be recorded in an individual care plan as supplied by the school or Medical Practitioner.
- Only reasonable quantities of medication should be supplied to the school (e.g. maximum 4 weeks at any one time)
- Where pupils travel on school transport with an escort, Parents/Guardian should ensure that the escort has a copy of written instructions relating to medication of the individual.
- Notification of changes in prescription drug issued by GP must be directly given to school by Parent/Guardian.
- Parent/Guardian to collect and restock medication from school at the end and start of every term in a secure labelled container as originally dispensed.

### School Responsibility

- Medication will be kept in a known safe secure place (not necessarily locked away) and some drugs may require refrigeration.
- Where emergency medication is prescribed, this must remain with the pupil at all times e.g. EpiPen, Asthma inhalers.
- Clear records of any medication given including times and dosage will be maintained.
- Training needs of staff will be identified then training sourced and arranged.
- Develop, implement and record care plan for individual pupils identifying supporting staff.
- **If a medical emergency develops activate the relevant procedures and call 999 (see Section 6).**

### G.P/Consultant/Medical Professional Responsibility

Prescriptive labelled drugs must contain:

- Pupil's name
- Name of medication
- Dosage
- Frequency of administration
- Date of dispensing
- Storage requirements (if important) i.e., refrigeration
- Expiry Date

## SCHOOL MEDICATION MANAGEMENT PROCEDURES

### Non-prescription medicines

The school will only give non-prescription medicines to pupils in line with the policy statement, where consent is clearly documented and valid reasons are given, e.g. for some conditions, such as Eczema, doctors may have recommended soothing ointments in the event of a 'flare up' of the child's condition.

## PROCEDURES FOR MANAGING PRESCRIPTION MEDICINES DURING THE SCHOOL DAY

### Safe Storage of Medicines

Where medication requires refrigeration, facilities will be provided by the school. Medicine will be stored in a box with each child's medicine clearly marked with the child's name and the dose to be taken:

- Tablets are kept in a named envelope/polythene bag in the medical box.
- Medicine, with a spoon of the correct size for the dose, is kept in a sealed polythene bag.

Staff record that the dose has been taken by completing templates C & D at Appendix A.

Staff inform parents that the medicine needs to be replenished or replaced if parents forget to do this.

### Administering Medicine to Pupils

- **Emergency Medication for Anaphylactic Shock**

Anaphylaxis can be triggered by allergens such as insect stings, and certain drugs, but the most frequent cause is food. Children known to have an allergy to insect stings or food will have an Individual Health Plan (template A) and an Emergency Action Plan which must be completed by the prescribing Consultant/Doctor.

Before a child with Anaphylaxis is admitted to school, staff will be trained to deliver medication via an 'Epi Pen' in an emergency. The Head, Deputy and First Aider are first line staff to administer the injection via a pen. In the event of an emergency, other trained staff will give the child the injection. School staff will always ring 999 in these emergency situations.

Sometimes the school will be instructed to give a dose of anti-histamine medicine first, (such as 'Piriton') that is kept in school as detailed in the Individual Care Plan/Emergency Action Plan. Such instructions given to the school **must** include action to be taken if this dose does not reduce the symptoms within a very short time. Parents are informed by phone at once if the anti-histamine medicine has been administered. If the symptoms do not reduce, an ambulance is called and an injection given.

- **Inhalers**

Most inhalers are kept with the pupil either on person for older pupils or in the classroom for younger children. When children go out of school for sports or on visits, staff must ensure that inhalers are taken with them.

When a child needs to take their inhaler, for example, before a PE lesson, at break time or lunchtime, they should inform the class teacher that they are taking their inhaler. This information should then be passed to the admin staff to record this on a daily record, with a tick. Where a child increases the number of times they need their inhaler, staff are alerted to this by the record, and they are able to pass this information on to the parents, so that the 'preventer' inhaler dose can be checked by the G.P.

Children are trained how to access their inhaler and the importance of adult supervision. Children are supervised when they take their inhaler. If they have any difficulty, the First Aider is called to assist. Children needing a nebuliser are supported by the First Aider.

- **Emergency use of Inhalers**

The school has an “emergency inhaler” for circumstances whereby a pupil with known asthma requires assistance and their own inhaler is not available.

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/416468/emergency\\_inhalers\\_in\\_schools.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf)

Where parents/carers have given consent for their own inhalers to be used, they will be requested to consent that in the absence of their own inhaler being available the “emergency inhaler” can be used.

The academy has emergency spacer devices available for the assistance of administering medication in emergency situations, these are once use items in these circumstances.

Following use of the emergency inhaler, the inhaler will be thoroughly cleaned.

**Note: If there is an emergency situation whereby consent has not been received either for a pupil with diagnosed asthma or for a pupil with no previous history or knowledge of asthma and symptoms suggest an asthma attack is occurring, the emergency services will be called. If advised to do so by the emergency services, the emergency inhaler will be used even where consent has not been received and full details of the advice given and dosage administered will be recorded.**

- **Injections**

**School staff in general will not give a child an injection.** Children with Diabetes or with other medical conditions needing an injection are supported by the First Aider to do so. If the child is unable to do so and it is deemed that adult support is required, the care plan should clearly detail this and staff will have been given appropriate training prior to assisting. If a pupil refuses to give themselves an injection the parents are contacted. In the event of an emergency, an ambulance will be called and staff will follow any instructions given. All medication administered will be fully recorded using templates C & D.

- **Liquid Medicine**

Liquid medicines are generally taken at lunchtimes, either before or after the meal, according to the doctor’s instructions; but they may also be taken at other times during the day.

The dose is measured out with the measuring syringe /spoon provided by the parent, and wherever possible, the syringe/spoon is then handed to the child for them to take the dose. The syringe/ spoon is then wiped clean with a tissue and replaced with the medicine in the plastic bag. All medication administered will be fully recorded using template C & D.

- **Tablets**

Children needing tablets generally take them at lunchtime, either before or after their meal, according to their doctor’s instructions; but may also be taken at other times during the day.

Children go to the office and ask admin staff for their tablets. They are given the tablet to take; all medication administered will be fully recorded using templates C & D. The child is given water to drink if required. Staff make every effort to remind children to take their medicine at the correct time.

Tablets must not be crushed or hidden in food.

## **PROCEDURE FOR MANAGING PRESCRIPTION MEDICINES ON RESIDENTIAL EDUCATION VISITS**

- Risk assessments are completed before each school trip and outing. Risks for children with known medical conditions are considered, as well as any potential risk to others.
- Parents complete medical forms at least three weeks before the visit, and the school enters into a dialogue with parents about the kind of medication, the circumstances in which it can be administered, the precise time the dose is given, and the exact dose.
- In advance of a residential trip staff make contact (either in writing or in person) with the parents of children with medical conditions. They ensure that they are as fully briefed as possible, that adequate quantities of medication are available, that the child's condition is stable; and which emergency details are required should the child need to have additional support. This is recorded for the Group Leader.
- Medicine will be given to the child to take by the Group Leader, supported by another member of staff. The child will be supported to take medicine, or to inject themselves. School staff will record that medicine has been given using the form detailed in templates C and D.
- Group Leaders will ensure that staff keep the inhalers for children allocated to them 'when out in the field', or, for older, more responsible children, that they keep them with them during the day.
- Medicine is returned to the parent the day the child returns to school after the residential visit.

## **EMERGENCY PROCEDURES - IN THE EVENT THAT AN AMBULANCE NEEDS TO BE CALLED**

(Following template F of the Department for Education)

### **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.**

- your telephone number
- your name
- your location as follows – the name and address details including post code
- provide the exact location of the patient within the school setting
- provide the name of the child and a brief description of their symptoms
- inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
- put a completed copy of this form (template F) by the phone

#### **Following the above**

- Endeavour to make contact with the parent.
- Accompany the child in the ambulance.
- Take a copy of all medical details and their medication with them.
- Remain with the child until the parent arrives.

Staff should not take pupils to hospital in their own car.

Where an Ambulance needs to be called in school, then there are several roles which staff take on. The responsibility for these roles is fluid, since at any one time that particular member of staff may not be available.

#### **These are the general procedures to be followed, in more detail, with a suggested member of staff who will carry out that procedure:**

- The decision that the child needs emergency medical care **First Aider**

- Directing Admin staff to call an ambulance and call the parents on another line. **Head or most senior manager or Admin Officer**
- Passing on information to the Ambulance staff /Paramedics **First Aider**
- Going in the ambulance with the child in the absence of the parents **Head / First Aider / Senior member of staff**
- Transferring the member of staff from the Hospital back to school when the parents have arrived at the Hospital **Available member of staff: Admin Officer, Learning Mentor, Head, Deputy, who has relevant car insurance**

## ADVICE ON MEDICAL CONDITIONS

The Community Paediatrician or Nurse on request will give advice regarding medical conditions to the school. Parents or guardians of children suffering from these conditions seeking general information should be advised to seek advice from their G.P., the school health professionals or from the bodies detailed below. The following bodies can also supply leaflets regarding the conditions listed.

Asthma at School – a guide for teachers National Asthma Campaign <a href="http://www.asthma.org.uk">www.asthma.org.uk</a> Asthma Helpline – Tel: 0800 121 6244	
Guidance for teachers concerning Children who suffer from fits <a href="http://www.epilepsy.org.uk">www.epilepsy.org.uk</a> Helpline No: 0808 800 5050 <a href="mailto:www.helpline@epilepsy.org.uk">www.helpline@epilepsy.org.uk</a>	
Guidelines for Infections (e.g. HIV, AIDS and MRSA) Public Health England Tel: 0344 225 4524	
Haemophilia <a href="mailto:info@haemophilia.org.uk">info@haemophilia.org.uk</a> Tel: 020 7831 1020	
Allergies Anaphylaxis Campaign <a href="http://www.anaphylaxis.org.uk">www.anaphylaxis.org.uk</a> Help line 01252 542029	
Thalassaemia <a href="http://www.ukts.org">www.ukts.org</a> email: information or <a href="mailto:office@ukts.org">office@ukts.org</a> Tel: 020 8882 0011	
Sickle Cell Disease <a href="mailto:info@sicklecellsociety.org">info@sicklecellsociety.org</a> Tel: 020 8961 7795	
Cystic Fibrosis and School (A guide for teachers and parents) <a href="http://www.cftrust.co.uk">www.cftrust.co.uk</a> Tel: 020 84647211	
Children with diabetes (Guidance for teachers and school staff) <a href="http://www.diabetes.org.uk">www.diabetes.org.uk</a>	
Diabetes Careline Services	Tel: 0345 1232399
Insurance Section <ul style="list-style-type: none"> <li>• Additional insurance</li> <li>• Concerns</li> </ul>	Contacts: - Chubb 0116 3056516/6576
Health and Safety <ul style="list-style-type: none"> <li>• Advice/guidance</li> </ul>	YMD Boon Ltd Health and Safety 01858 464 482
County Community Nursing Teams: <ul style="list-style-type: none"> <li>• Information on school nurses</li> </ul>	0116 2153252



# Supporting pupils with medical conditions

**May 2014**

**NOTE: DLAT Directors require all DLAT schools to use these templates**

**Template A: individual healthcare plan**

Name of School	
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	
Relationship to child	
Phone no. (work)	
(home)	
(mobile)	

**Clinic/Hospital Contact**

Name	
Phone no.	

**G.P.**

Name	
Phone no.	

Who is responsible for providing support in school	
--	--

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc.

Other information

Describe what constitutes an emergency, and the action to take 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

Form copied to

### Template B: parental agreement for school to administer medicine

The Academy/setting will not give your child medicine unless you complete and sign this form, and the Academy or setting has a policy that the staff can administer medicine.

Date for review to be initiated by	
Name of 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>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school 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 staff administering medicine in accordance with DLAT's policy. 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.

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

Date \_\_\_\_\_

**Template C: record of medicine administered to an individual child**

Name of 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			
Name of member of staff			
Staff initials			

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

**C: 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			



**Template E: staff training record – administration of medicines**

Name of School	
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 [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.**

- Your telephone number: **01664 464269**
- Your name
- Your location – **WALTHAM CE PRIMARY SCHOOL, MELTON ROAD, WALTHAM ON THE WOLDS, MELTON MOWBRAY, LEICESTERSHIRE, LE14 4AJ**
- State what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
- Provide the exact location of the patient within the school
- Provide the name of the child and a brief description of their symptoms
- Inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
- Put a completed copy of this form by the phone

## Template G: model letter inviting parents to contribute to individual healthcare plan development

Dear Parent

### DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose for your information a copy of the Diocese of Leicester Academies Trust's policy for supporting pupils at its schools with medical conditions.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely