



# Newport Infant School

## Medication in School

### Policy

Date of Policy Creation/Last Review	January 2022
Policy Lead	Governing Body
Date of Policy Adoption by Governing Body	March 2022
Frequency of Review	Three yearly
Review Due	January 2025
Policy Category	Health & Safety

**CONTENTS:**

1. The Law
2. Key Actions
3. Introduction
4. Roles and Responsibilities
5. Developing & Implementing the School Policy
6. Short Term Medication
7. Long Term Medical Needs
8. Self Management
9. Refusing Medication
10. Administration of Medications
11. Dealing with Medicines Safely
12. Procedure for misadministration of medication
13. Record keeping
14. Emergencies
15. Educational Visits & sporting activities
16. Training
17. Other issues for consideration
18. Liability & Indemnity
19. Unacceptable practice
20. Complaints
21. Guidance relating to specific medical conditions:
  - A. Anaphylactic shock
  - B. Asthma
  - C. Diabetes
22. Appendices
  - Appendix A – Medical Needs Plan
  - Appendix B – Permission Form
  - Appendix C – Misadministration of Medication Form
  - Appendix D – School Record of Administration Form

## The Law

Under the Health & Safety at Work Act 1974 the employer is responsible for making sure that a school has a health and safety policy. This should include procedures for supporting pupils with medical needs including managing prescribed medication.

The Children & Families Act 2014, Section 100, places a duty on governing bodies of maintained schools, proprietors of academies and management committees of PRU's to make arrangements for supporting pupils at their school with medical conditions.

The teacher's general duty to act "in loco parentis" is also relevant in deciding whether what is being requested is what would be expected of a reasonable parent in the same circumstances.

### KEY ACTIONS:

- a. Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- b. Governing bodies **MUST** ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- c. Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are effectively supported.
- d. Ensure that medicines are kept safely whilst in school in accordance with the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

## INTRODUCTION

On 1 September 2014 a new duty will come into force for governing bodies to make arrangements to support pupils at school with medical conditions. The statutory guidance is intended to help governing bodies meet their legal responsibilities and sets out the arrangements they will be expected to make, based on good practice. The aim is to ensure that all children with medical conditions, in terms of both physical and mental health, are properly supported in school so that they can play a full and active role in school life, remain healthy and achieve their academic potential.

## ROLES & RESPONSIBILITIES

The Governing body should ensure that the school's policy clearly identifies the roles and responsibilities of all those involved in the arrangements they make to support pupils at school with medical conditions.

## **DEVELOPING AND IMPLEMENTING THE SCHOOL POLICY**

Governing bodies should ensure that all schools develop a policy for supporting pupils with medical conditions that is reviewed regularly and is readily accessible to parents and school staff. In developing their policy, schools may wish to seek advice from any relevant healthcare professionals.

Governing bodies should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person who has overall responsibility for policy implementation. Details should include:

- who is responsible for ensuring that sufficient staff are suitably trained,
- a commitment that all relevant staff will be made aware of the child's condition,
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available,
- briefing for supply teachers,
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable, and
- monitoring of individual healthcare plans.

Governing bodies should ensure that the arrangements they set up include details on how the school's policy will be implemented effectively, including a named person or committee who has overall responsibility for policy implementation.

Governing bodies should ensure that the school's policy sets out the procedures to be followed whenever a school is notified that a pupil has a medical condition.

## **SHORT TERM MEDICAL NEEDS**

Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

Some pupils who are well enough to return to school may need to finish taking a course of antibiotics or apply lotion at the end of a prescribed course. This should only happen when absolutely essential and with their parent's written consent.

Where feasible, medication should be taken before or after school. Alternatively, a child could arrange to go home at lunchtime or for the parent to come to school to administer medication.

### **Non-prescription medication eg pain relievers**

School does not administer non-prescribed medication.

## **LONG TERM MEDICAL NEEDS**

Pupils who have recognised medical conditions or who require long term medication are supported using an Medical Needs Plan which is drawn up by the SENDCO and the parents. This is reviewed annually or if the pupil's needs change/are reviewed by a medical expert. The Medical Needs Plan can be found in Appendix A

## **SELF MANAGEMENT**

It is good practice to allow pupils who can be trusted to do so to manage their own medication from a relatively early age and schools should encourage this provided the safety of other pupils is not compromised. If pupils can take medication themselves then staff may only need to supervise this.

## **REFUSING MEDICATION**

No pupil should be forced to take medication. The school should inform the child's parents/carers as a matter of urgency of any refusal and call an ambulance if necessary.

## **ADMINISTRATION OF MEDICATION**

Medication must only be administered by staff who are qualified either through Asthma or Adrenaline Pen training, training via a specialist nurse e.g. Diabetes or having passed the Administration of Medications course.

There will always be two members of staff present when medicine is administered to a child, one of whom must be trained.

Inhalers can be administered by a single adult provided that they are Asthma trained.

All medication will be recorded on the relevant paperwork and signed, dated and timed. A record will be retained in school and further information about the time, date, dose and person administering the medication will be sent home to parents.

No child will be given medication for the first time in school, they must have taken it at home first to reduce the risk of a reaction in school.

## **DEALING WITH MEDICINES SAFELY**

The Headteacher is responsible for ensuring that pupils have access to their medicine when it is needed. Medication that has to be stored at school must be stored securely. During school time this will be in the top drawer of the filing cabinet in the school office. Some medication may need to be refrigerated, in which case it will be stored in the fridge in the school office. If a child requires medication on a school visit off site, it will be carried and managed by a member of staff for the duration of the visit and returned to the school office on return to school.

Access to the medications such as Adrenaline Pens and Diabetes medicines must be achievable within one minute of the child needing it. These are therefore stored in the teacher cupboard in the child's

class. They are kept high enough to be out of reach and sight of children but not in a locked cupboard. They are kept in a box with the child's name, photo and information on it. A copy of the child's needs/treatment plan is kept within the box.

Inhalers are kept centrally in the First Aid Cupboard by the school office. The cupboard is kept unlocked in an area which is not accessed by children who are unaccompanied. Inhalers are kept in a box with the child's name and photo on the front along with their details. A copy of their treatment plan is kept in the box.

Emergency Adrenaline Pens and Inhalers are available in the School Office and can be used for any child who is on the Asthma register or who has an Adrenaline Pen whose parents have signed the consent form.

If any pupils with diabetes have to test glucose levels during the day by using a lancet and blood stick - a Sharps box should be provided by the parents (it is free to them from the NHS and should be changed every **3 months** by parents even if not full and safely disposed of as instructed to them by their child's Diabetic Nurse).

Parents are responsible for supplying medication in the smallest practicable amount. Schools should only accept prescribed medicines that are in date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage plus a suitable spoon or syringe with which to administer the medication. The exception to this is insulin which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

Parents must inform the school of any changes in medication such as change of dosage or if that medication has been stopped.

Parents must hand medication to an adult, preferably at the school office. No medication should be placed in a child's bag or given to a child to hand in themselves.

Parents should collect medication that is no longer needed or date-expired medication, as it is their responsibility to dispose of it. Staff must hand medication directly to an adult who is authorised to collect the child.

## **PROCEDURE FOR MISADMINISTRATION OF MEDICATION**

Upon the discovery of medicines being given to the wrong child, or when the incorrect dosage has been given (under or over dosing), immediately contact a first aider, then Head/Deputy Teacher or must be notified. **Never leave the child unattended.**

In the event of the child receiving the incorrect medication, going into unconsciousness, or displaying severe signs or systems of a reaction to that medication, an ambulance must be summoned immediately (dial 999). Details of the medication, dose given and time given must be given to the ambulance crew or doctor. A member of staff must escort the child transferred to hospital.

Advice must be sought from a Doctor or pharmacist on the best course of action to take. The advice given must be followed and records made on the child's file.

Contact the parents/carers of the children affected as soon as possible.

While waiting for medical help the child concerned **must be supported by a fully qualified First Aider, at all times.**

- Upon seeking advice then a full record must be kept, details must include:
- Date and time doctor consulted
- Name of the doctor
- Details of what happened
- Advice given
- Details of any signs, symptoms or reactions

Unless otherwise informed, regular checks must be made on the child concerned and other support staff made aware of what happened. Records must be kept of each time the child concerned is checked.

If the incident falls under RIDDOR then the HSE must be informed, in accordance with RIDDOR guidelines. Notify Health and Safety unit as soon as possible to discuss incident and in turn who will notify HSE.

No medication which was administered incorrectly should be disposed of. This is in case the child who received the medication dies and an inquest is held. This is for a period of 7 days after death.

If the medication wrongly administered to a child, belongs to another pupil, then medical advice must be sought by the head/deputy teacher via a registered practice doctor or out of hours, on the best course of action following the missed medication.

An investigation must take place after the incident to include a full review of all risk assessments, current practices and the policies & procedures governing the management of medication, in order to stop further incidents from occurring.

The head/deputy teacher must debrief and support the person, who administered the medication incorrectly, and take the appropriate course of action, as required, which may include retraining.

If repeat incidents are made by the same member of staff then seek further guidance from whoever provides your HR advice.

The Misadministration of Medication Incident Form: Med3 Appendix C must be completed with a copy sent to your Health & Safety Advisor.

## **RECORD KEEPING**

**Written records should be kept of all medicines administered to children Appendix D**

No pupil under the age of 16 should be given medication without the parent/guardian's written consent. Parents should complete Appendix B (Med 1) if medication is needed to be administered whilst at school.

## **EMERGENCIES**

As part of general risk management processes, all schools should have arrangements in place for dealing with emergencies (Template G).

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency

and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other pupils in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

If a child needs to be taken to hospital, staff should stay with the child until the parent arrives, or accompany a child taken to hospital by ambulance. Schools need to ensure they understand the local emergency services cover arrangements and that the correct information is provided for navigation systems.

All staff should know how to call the emergency services, who the qualified first aiders are and where to get hold of them in an emergency within the school, and the same for the appointed persons who could also take charge of any emergency situation.

## **EDUCATIONAL VISITS AND SPORTING ACTIVITIES**

Schools and settings should consider what reasonable adjustments they might make to their procedures to enable children with medical needs to participate fully and safely in visits and sporting activities.

It may be necessary to include an additional member of staff, parent or volunteer to accompany a particular child. Arrangements for taking any necessary medicines will also need to be considered.

Staff supervising trips, visits and sporting activities should be aware of any medical needs and a copy of any health care plans should be taken on trips and visits in the event of the information being required in an emergency.

Any doubts should be resolved in conjunction with parents and medical advice.

All inhalers must be signed out by two adults for educational visits and signed back in at the end of the visit.

The children who require medication must be identified on the risk assessment for the trip.

Medication such as Adrenaline Pens and Inhalers will be placed into fluorescent draw string bags for the duration of the trip and carried by an adult who will stay with the child all day. Should the adult change role, they will pass the bag to the adult who is taking over with that group.

## **TRAINING**

**Training should be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with short term, long term and permanent medical conditions.**

Training may be delivered by:

- Health Visitor
- School Nurse
- Children's Nurse Acute Unit
- Children's Community Nurse
- Specialist Nurse

There must be adequate numbers of trained persons to provide cover during lunch or other breaks

School staff will receive a certificate indicating that they have successfully undertaken training

Staff are recommended for re-training annually or sooner if appropriate.

**Staff must not give prescription medicines or undertake health care procedures without appropriate training. A first aid certificate does NOT constitute appropriate training in supporting children with medical conditions.**

A record of staff training must be kept in the school office.

## **LIABILITY AND INDEMNITY**

Staff are often concerned as to whether they are covered by Council insurance to administer medication - the answer is yes, provided that they act in good faith, within the limits of their authority and observe the policy terms and conditions. Any queries should be discussed with the schools insurance officer.

## **UNACCEPTABLE PRACTICE**

**Governing bodies should ensure that the school's policy is explicit about what practice is not acceptable.** Although school staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan, it is not generally acceptable practice to:

- prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary;
- assume that every child with the same condition requires the same treatment;
- ignore the views of the child or their parents; or ignore medical evidence or opinion, (although this may be challenged);
- send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans;
- if the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable;
- penalise children for their attendance record if their absences are related to their medical condition eg hospital appointments;
- prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively;
- require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs; or
- prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, eg by requiring parents to accompany the child.

## **COMPLAINTS**

Newport Infant School

Medication in School Policy

Governing bodies should ensure that the school's policy sets out how complaints may be made and will be handled concerning the support provided to pupils with medical conditions.

## **FURTHER ADVICE**

The Department of Education Guidance “ **Supporting Pupils at School with Medical Conditions**”

School and Governor Support	01952 386610
School Nurse	* (school to add number)
Occupational Health Team	01952 383630
Internal Health & Safety Advisor	01952 383627
Department for Education (DfE)	Supporting Pupils at School with Medical Conditions April 2014

## **GUIDANCE RELATING TO SPECIFIC MEDICAL CONDITIONS**

### **A. ANAPHYLACTIC SHOCK**

A.1 Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention - it can be life threatening. It can be triggered by certain foods (eg nuts, eggs, milk or fish), certain drugs or insect stings. Every effort should be made to prevent known sufferers from coming into contact with substances that are known to bring on the reaction. Symptoms usually occur within minutes of being exposed to the trigger and may include:

- Itching or a strange metallic taste in the mouth
- Swelling of the throat and tongue
- Difficulty in swallowing
- Hives
- Generalised flushing of the skin
- Abdominal cramps and nausea
- Increased heart rate

A.2 Pupils who have been diagnosed are likely to carry prescription medication which may include an adrenaline injection to be given via an "Epipen". The age of the child and the severity of the attack will largely determine whether they are able to self-administer the treatment or will require assistance. This makes it essential for an individual care plan to be worked out and for as many staff to be trained in the necessary emergency action as possible.

### **B. ASTHMA – see School Asthma Policy**

## **Appendix A**

### **Medical Needs Form**

Appendix B

<p>Template B:</p> <div style="display: flex; align-items: center; margin-top: 10px;"> <div> <p><b>Telford &amp; Wrekin</b></p> <p>C O U N C I L</p> </div> </div>	<p style="text-align: center;"><b>Form MED1</b></p> <p>School: _____</p> <p>Address: _____</p>
--	--

PARENTAL AGREEMENT FOR SETTING TO ADMINISTER MEDICATION

DETAILS OF PUPIL ( <i>Capitals please</i> )						
Name		M/F	Date of Birth	/ /	class/ form:	
Condition or illness ( <i>eg Asthma; Diabetes; Epilepsy, Cystic Fibrosis, Anaphylaxis, Recovery from? Illness, etc</i> ):						
DOCTOR'S DETAILS						
Doctor's Name		Medical Practice		Telephone Number		
MEDICATION AND ADMINISTRATION						
Name of medication ( <i>give full details given on the container label issued by the pharmacist</i> )						
Type of Medication ( <i>eg tablets, mixture, inhaler, Epipen, other (please specify)</i> )						
Date Dispensed:		Dosage and method:				
Times to be Taken in School:		Is precise timing critical? Yes/ No				
Time of last dosage?						
For how long will your child need to take this medication?						
For medication that need not be administered at pre-set times please indicate when it should be given: ( <i>eg before exercise, onset of asthma attack, onset of migraine etc</i> )						
The medication needs to be administered by a member of staff					Yes	No
My child is capable of administering the medication him/herself under the supervision of a member of staff					Yes	No
I would like my child to keep his/her medication on him/ her for use as necessary					Yes	No
The medication needs to be readily accessible in case of emergency					Yes	No
ADDITIONAL INFORMATION						

Approved

Precautions or Side Effects:

What to do in an emergency:

**(Please read the notes on the reverse of this form carefully. If you are in doubt about how the medicine is to be given you must seek the advice of your child's doctor before completing this form.)**

The doctor named above has advised that it is necessary for my child to receive his/her medication during school time. I understand that teachers have no *obligation* to give or supervise the administration of medicines at school. However, I request that the medication named above be administered by/taken under supervision of a member staff, who may not have had any first aid or medical training. The school, the Headteacher and staff accept no responsibility for any injury, death or damage suffered by a pupil as a result of the administration of medicine mentioned in this form, other than any injury, death or damage which arises because the school or any members of its staff have been negligent. I shall arrange to collect and dispose of any unused, expired medicine at the end of each term.

**Signed: Parent/Carer**.....

**Date:**.....

#### NOTES

1. The school will consider each request on its merits. Where it is practicable the school may well prefer parents to come into school at appropriate times to administer the medicine themselves or make arrangements at break or lunchtime for the pupil to go home to receive the medication.
2. The school may refuse to undertake administration where this is seen to be the reasonable decision in the best interests of the school. For example where timings of administration are critical and crucial to the health of the pupil and cannot be guaranteed; where specific technical or medical knowledge and/or training is required or where administration would make unacceptable intimate contact with the pupil necessary.
3. The school will not agree to administer any medication in school without a written request using this form, having first been made.
4. The school will not agree to administer any medication in school that is not essential to be administered during the course of the school day. (If it is acceptable for doses to be given before and after school the school should not be being asked to administer during the school day).
5. All requests will need to be discussed fully with the head teacher or other authorised member of staff before any medicines are sent into school.
6. Any prescribed medicine must be supplied to the school in the original container labelled by the pharmacist with the name of the medicine, full instructions for use and the name of the pupil. Any non-prescribed medicine bought by the family should be in the original container bearing the manufacturer's instruction/guidelines. The school may refuse to administer any medicines supplied in inappropriate containers.

Approved

7. For pupils on long-term medication the request form should be renewed by the parent/carer when required by the school and in any event at the beginning of each new school year.
8. Parents are responsible for notifying the school immediately in writing of any subsequent changes in medicines or doses.
9. Parents are responsible for notifying the school immediately the doctor has stopped the medication.
10. Parents are responsible for collecting and disposing of any unused or expired medicine at the end of each term.
11. A record will be kept by the school of all medicines administered and when in respect of each pupil for whom it has agreed to administer medicines.
12. Where they feel it to be necessary the school reserves the right to ask parents to supply a doctors note to support/confirm the information given on the request form.
13. You may find it necessary to seek your Doctor's help in completing this form.

Appendix D RECORD OF MEDICINE ADMINISTERED TO AN INDIVIDUAL CHILD

Name of school/setting:

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

Signature of parent: \_\_\_\_\_ Print name: \_\_\_\_\_

Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:


Approved

--	--	--

Newport Infant School  
Medication in School Policy


Date:

Time given:

Dose given:

Name of member of staff:

Staff initials:


Date:

Time given:

Dose given:

Name of member of

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:




School:

Address:

## Misadministration of Medications for Schools Form

Name of child who received the Incorrect medication.		Name:			
		Address:			
Date incident occurred					
Time incident occurred					
Who was the original medication prescribed for?					
Please list the incorrect medication administered	Name of Medication	Dose given		Comments	
Was the child admitted to Hospital ?(please tick)		Yes		No	
If yes, which hospital and what time were they admitted?					
Advice sought from a doctor or Pharmacist ?(other than hospital)		Yes		No	
		Date and time advice sought			
Name of Doctor or Pharmacist Contact details: (address, telephone, number)					
Persons on duty at the time incident occurred					

<b>Child's parents contacted</b>	<i>Record summary of conservation:</i>		
<b>Was the member of staff administering the medication trained and authorised to do so ?(please circle)</b>		<b>Yes</b>	<b>No</b>
<b>How did the incident occur?</b>	<i>Describe in full details:</i>		
<b>Outcome:</b>		<b>Please tick/add comments</b>	
Parents informed and incident report form completed			
Child monitored with no ill effects			
Outcome uncertain			
Child may have short term side effects			
Child survived but may have long term damage			
If admitted to hospital how long did they stay in for (dates from/to)			
What systems were in place at the time medication was incorrectly administered?			
Risk assessment reviewed			
Training needs identified			
Misadministration form completed <ul style="list-style-type: none"> <li>• copy sent to Internal Health and Safety</li> <li>• copy on child's file</li> </ul>			

Template F: 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 [name of member of staff].

Trainer's signature: \_\_\_\_\_ Print name: \_\_\_\_\_

Date: \_\_\_\_\_

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

Staff signature: \_\_\_\_\_ Print name: \_\_\_\_\_

Date: \_\_\_\_\_

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





