



POYNTON HIGH SCHOOL

Managing Medicines in School

(The term parent/s in this document applies to parents, carers, guardians and any person/body with legal responsibility for a child.) The school will seek parents' written agreement about sharing information about their child's needs, where information needs to be shared outside the school. However, in cases of confidentiality, the Health & Safety of the child must take precedence.

The aim of the Policy is to enable regular attendance at school.

Sections

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2. Managing medicines on trips and outings
3. Roles and responsibilities of staff supervising the administration of Medicines
4. Children's medical needs Parental responsibilities
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7. Policy on children taking and carrying their own medicines
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11. Emergency procedures
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1. Managing Medicines During the School Day

Prescription medicines should only be taken during the school day when essential. They must be in the original container including prescriber's instructions. Parents should be encouraged to look at dose frequencies and timing so that if possible medicines can be taken out of school hours. Parents can ask Doctors for timed release medication for a minimum number of daily doses.

The National Service Framework encourages prescribers to explore medicines which:

- Need only be administered once a day or
- Provide two prescriptions one for home use, one for school/setting use, so that the medicine can be kept in the original containers when the illness is long term.

Medicines fall into two types:

- a) Prescription medicines and b) Non-prescription medicines

a) Prescription

- Named member of staff may administer such a drug for whom it has been prescribed, according to the instructions on the box. The staff who are able to administer are:
 - o Sue Warburton – medical lead
 - o Hilary Booth – First aid lead
 - o Dorcas Whyte – first aid officer
- If agreed with the parents the school may look after the drug on behalf of the child
- The school will keep the drug safely locked up with access only by named staff and record keeping for audit and safety
- Parents are responsible for ensuring any medication in school is within its use by date.
- Prescription drugs should be returned to the parents when no longer required
- Controlled drugs (drugs used to help students with ADHD) need to be kept in a more secure environment than suggested above e.g. in a cupboard attached to a structural wall.
www.nhs.uk/common-health-questions/medicines/what-is-a-controlled-medicine-drug/

b) Non-prescription

- Paracetamol can only be given to children when parents have given written permission. - The school staff will never give aspirin or ibuprofen unless prescribed by a Doctor.
- Good practice would be for school admission forms to include permission for the administration of non-prescription medicines (eg paracetamol)
- In an urgent situation, verbal consent can be given by parent or guardian for administration of paracetamol and a form signed for future use.

2. Managing medicines on trips and outings

Children with medical needs will be encouraged to take part in visits. The responsible member of staff will carry out a specific and additional risk assessment and a care plan will be drawn up considering parental and medical advice. This will allow reasonable adjustments to be made.

All staff will be briefed about any emergency procedures needed with reference to students where needs are known, and copies of care plans (where they exist) will be taken by the responsible person.

Additional medicine administration forms will be taken on trips and outings in case of emergency.

3. Roles and responsibilities of staff managing or supervising the administration of medicines

The school acknowledges the common law 'duty of care' to act like any prudent parent. This extends to the administration of medicines and taking action in an emergency, according to the care plan.

Where a condition is potentially life threatening, all staff will need to be aware what action to take. When all planning to manage a condition has taken place, schools can consult their insurer directly to check that their employees are covered.

Teachers and other staff are expected to use their best endeavour at all times, particularly in emergencies. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

The Head Teacher or designated staff member is responsible for day to day decisions, such as:

- Ensuring staff receive advice, support and awareness raising training
- Ensuring all relevant information about student needs is shared

- Liaising with parents about agreement of care plans
- Ensuring that emergency plans are in place when conditions may be life threatening
- Ensuring staff are aware of their common law duty of care to act as a prudent parent.

Teaching staff and other staff should be aware of emergency plans where children have life threatening conditions

4. Children's medical needs – parental responsibilities

The school will liaise closely with parents, carers or those who hold this responsibility (such as in the case of Looked after Children) so that information is shared and the care plan reflects all information. The care plan will be agreed jointly by the school and parents, and agreed with the advice of health professionals. The school will seek parents' written agreement about sharing information on their children's needs where information needs to be shared outside of school. However, in cases of emergency, the health and safety needs of the child and the people affected must take precedence.

Parents should provide the school with information about their child's condition and be part of the health care plan arrangements. They should sign the appropriate agreement forms for the administration of medicines

5. Parents' written agreement

The attached form is to be completed and signed by the parents for the administration of the care plan and medicines to their child. It is the responsibility of parents to ensure that medicines sent to school are 'in date'. All unused medicines should be collected by parents at the end of term 2, 4 and 6 and will not be sent with the student. If new supplies are needed it is the responsibility of the parents to supply medication as required. Any medication not collected by parents will be disposed of via the local pharmacy.

6. Supporting children with complex or long term health needs

The school will aim to minimise any disruption to the child's education as far as possible, calling on the Health Needs Education Service for support and advice as needed, on the impact on learning and supportive strategies. The school will carry out a risk assessment and a care plan, with the agreement of parents, and advice from health professionals where applicable.

Where school staff supervise glucose monitoring, records will be kept with parents and are available to parents and specialist health team..

7. Policy on children taking and carrying their own medicines

Secondary age children may legally carry some specific prescription drug (eg insulin or epipens) but they must notify the Medical Room staff that they carry such medication. When administered by staff, drugs will be kept in a locked secure place and only named staff will have access. When drugs are administered, the school will keep records. Where students administer Insulin under supervision of staff records will need to be kept.

Asthma medication to be kept by the student on their person and parents are responsible for making sure they have them and that they are in date. The school does not keep spare inhalers for individual students but does keep a generic Salbutamol inhaler (Ventolin) for emergency use. In order for staff to be able to give your child emergency Ventolin, you should first complete the relevant form attached to admission form with details of treatment plan. However in a medical emergency and if it is prudent, Ventolin will be given to a student by named staff member.

8. Advice and Guidance to Staff

The school will arrange and facilitate staff training for children with complex health needs, calling on:

- The School Nursing Service
- Community Children's Nurses
- Paediatric Diabetes Nurse Specialists
- Paediatric Epilepsy Nurse Specialists

- Eleanor Nurses
- The Health Needs Education Service
- The Specialist Teaching Service (about potential impact of medical / physical conditions and the implications on teaching and learning)

9. Record keeping

- 1a. Health Care / Emergency Plan (translate when taken abroad on school trips)
- 1b. Contacting Emergency Services (translate when taken abroad on school trips)
2. Risk assessment forms
3. Parental agreement for the administration of medicines
4. Head Teacher agreement to administer medicines
5. Record of medicine administered
6. Record of advice and support to school
8. Buccal Midazolam , Insulin or emergency Ventolin : agreed individual care plan
9. Asthma Appendix – sample letter to parents and use of emergency Ventolin form

These forms can be amended to fit individual circumstances with the advice of relevant nursing staff and therapy colleagues.

NB All risk assessments and care plans must be updated at least annually or when needed by a change in a student's condition

10. Storing medicines

The school will keep medicines in a locked secure place, (not applicable to emergency drugs) with access only by named staff. Where refrigeration is needed, there is a designated domestic fridge purely for use of medicines storage

11. Emergency procedures

The school will agree any procedures with parents and health care partners and the plan will be signed by all parties. All relevant staff will be made aware of the plans in order to discharge their common law 'duty of care' should the need arise.

12. Risk assessment and arrangement procedures (Care Plans)

Where a student has a complex health need or requires long term medication, risk assessments and care plans will be drawn up and signed by parents, class teachers and health professionals as needed.

REVIEW

Date of Policy: December 2019
Review date: The Policy will be reviewed in 3 years unless operating experience and/or changes in legislation require an earlier review.

Appendix

Health Care / Emergency Plan

CONTACT DETAILS

Child's Name: _____

School: _____

Home Address: _____

Date of Birth: _____

Next of Kin: _____

Contact Numbers: Home: _____ Mobile: _____

GP Name and Address: _____

Contact Numbers: _____

Hospital Contacts: _____

Description of Medical Condition:

Description of Signs and Symptoms:

Daily treatment/medication needs in school

Describe what is an emergency for the student

Describe actions should this emergency occur:

If: shows the following signs and symptoms:

a) _____

b) _____

c) _____

When this is an emergency then the following action should be taken:

For example:

If a) and b) Call an ambulance

Then call parents

Then call community nurse

Or c) Call parents / community nurse to assess

Who is responsible in an emergency at school (state if different offsite):

Plan copied to: Parents Yes/No

Head Teacher/class teacher Yes/No

Community Nurse Yes/No

Other specialist nurse Yes/No

Parent and School Agreement

To the best of our knowledge the above information is correct. The staff, in agreement, will do their best to support and care for’s medical and emergency needs.

Parents signature: _____ Date: _____

School staff signature: _____ Date: _____

Head Teacher’s signature: _____ Date: _____

Nurse’s signature: _____ Date: _____

To request an ambulance:

Dial 999 and be ready with the following information:

1. Your telephone number 01625 871 811
2. Your location (school/setting address)
3. Your postcode SK12 1PU
4. Exact location (brief description e.g. next to church)
5. Your name
6. Child's name and brief description
7. The best entrance for ambulance crew and advise crew will be met and taken to child Is it better to direct the ambulance straight to the sports field?

Risk Assessment Form

CONTACT DETAILS

Name of person completing the form _____

Date: _____

Child's Name: _____

Age: _____ Year Group: _____

School: _____

Medical Condition: _____

List significant hazards

Who is at risk ?

Existing controls List additional controls needed

Date of assessment

By Whom (e.g. Parent, School, Doctor)

Parental agreement for the administration of medicines

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

Date: _____ Childs Name _____

School: _____

Age _____ Yr Group & Class _____ DOB _____

Condition / Illness _____

Name and Strength of Medicine _____

Where Medicine Kept : _____

Side Effects: _____

Expiry date: _____

How much (dose) to give: _____ Date of Provision _____

When to give it _____

Number of tablets given to school _____

Note : MEDICINES MUST BE IN THE ORIGINAL CONTAINER AS DISPENSED BY THE PHARMACIST. STUDENTS SHOULD NOT SELF ADMINISTER

Daytime contact number of parent or adult contact

Name and contact number of GP

This information is, to the best of my knowledge, accurate at time of writing and I give consent to the school / setting staff, to administer the medicine in accordance with the school/setting policy. I will inform the school/ setting immediately in writing if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/Guardian signature _____

Print name _____

Date _____

Buccal Midazolam

Agreed Individual care plan to prevent status epilepticus

Agreed between parent/carer and school

Child's name _____

Date of birth _____

Name of Parent / Carer _____ Contact
details _____ (Home / Work) _____ (mobile)

Alternate contact name _____ (number) _____

Condition _____

Known allergies Current medication

For Seizure type: _____

Buccal Midazolam, ___ mg in: _____ ml may be given by a trained individual if

(Name) _____ has either a seizure lasting longer than FIVE (5) minutes, or...has one seizure after another without recovery in between lasting longer than FIVE (5) minutes or...has THREE (3) seizures) in HALF (1/2) an hour, (give at onset of 3rd seizure)

This should result in the seizure stopping within TEN (10) minutes. If the seizure does not stop within

TEN (10) minutes a second dose of Buccal Midazolam ___ mg in ___ ml may / may not be given. If the seizures do not stop after TEN (10) minutes of the first / second dose CALL AN AMBULANCE ON 999 and inform the operator that you have someone who may be in Status Epilepticus

An ambulance should also be called if:

- It is the child's first seizure
- The child has injured themselves badly
- They have breathing problems after a seizure

It is recommended that no more than 2 doses may be given in any 24 hour period. If more seizures occur within this 24 hour period then it would be wise to seek a medical opinion.

IF IT IS THE FIRST TIME THAT THIS CHILD IS HAVING THE MEDICINE AN AMBULANCE SHOULD BE CALLED, AFTER IT HAS BEEN GIVEN, IN CASE THERE ARE ANY UNEXPECTED REACTIONS TO IT

Date of first ever dose* / / *

Buccal Midazolam and the agreed individual care plan to prevent status epilepticus should be carried with the person at all times

The child's main carer is responsible for the safe storage of Buccal Midazolam ensuring that it is not out of date or gone off (turned milky) during storage.

Current expiry date is _____

Locations where this care plan may be found include :

.....
.....
.....
.....
.....
.....

This agreed care plan is due to be reviewed in _____

Signed _____ date _____ Dr prescribing medication

Signed _____ date _____ Parent / Carer

Signed _____ date _____ School

Urgent Asthma Medication

All students with Asthma will carry their own inhalers with them at all times.

An emergency inhaler kit will be held and used by the designated staff member in school in the case of an emergency. This is NOT to be used when a student has forgotten their inhaler.

All parents of children with Asthma must sign to give permission for school to use emergency inhaler. However in the case of an urgent situation, an inhaler used will be considered the most prudent course of action, even without written permission.

Parental agreement for the administration of emergency Ventolin

Date: _____ Childs Name _____

School: _____

Age _____ Yr Group & Class _____ DOB _____

Condition / Illness _____

Name and Strength of maintenance medicine

How much (dose) is usually given:

Signs of asthma distress relevant to your child

—

Daytime contact number of parent or adult contact

Name and contact number of GP

This information is, to the best of my knowledge, accurate at time of writing and I give consent to the school / setting staff, to administer the urgent Asthma medication in accordance with the school/setting policy. I will inform the school/ setting immediately in writing if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent/Guardian signature _____

Print name _____

Date _____