

## **Paternoster School**

### **Medicines in School Policy**

#### Introduction

This policy has been written with reference to the Equality Act 2010, the Education Act 2002, the Children's Act 2004, the Children and Families Act 2014 and the statutory document Supporting Pupils at School with Medical Conditions (December 2015).

#### Aims

To ensure that the needs of pupils who require the administration of prescribed medication within school are met and their wellbeing and safety maintained.

To ensure that staff receive relevant training and support.

To ensure that medication is stored safely and securely.

#### Implementation

The headteacher is responsible for:

Identifying staff members willing to administer medication in accordance with this policy

Providing access to training for relevant members of staff (organised by the **assistant** head)

Ensuring facilities are available for the safe storage of medicines

#### Procedures

If medication is required to be administered during the school day, this must be prescribed medication

Medication should generally only be given in school for pupils requiring long-term medication for medical needs and where it needs to be given more than three times a day and the timings of the doses mean all doses cannot be given at home. Medicines to be given three times or less per day should be given at home wherever possible in order to reduce and avoid the need for medication to be given in school (including antibiotics).

At the start of each academic year parents will be asked to provide details of their child's medical condition/s, including epilepsy, allergies and asthma using the Gloucestershire forms. They will also be asked for details of any regular medication taken by their child, including time and dosage. This is helpful if the child becomes ill in school as the information may be needed by the ambulance service or hospital prior to the arrival of the parent.

Parents of new pupils to the school will be given a medication consent form as part of the new starter pack.

Parents should request a medication consent form from the class teacher or school office when this is required due to new medication or any change in medication.

The absence of a consent form could result in the child not receiving the medication.

The **assistant** head will organise any necessary training for staff from the school nursing team or specialist nursing teams.

When medication is sent into school, class staff should complete the record of medicine administered to an individual child front sheet, which includes the date and quantity received. Where medication is frequently transported into school the record of medicine received and returned should be completed (see under Transport of Medication).

It is the responsibility of parents to ensure their child has the correct medication in school, that the medication is in date and there is sufficient medication in school. The medication should be in the original container in which it was dispensed by a pharmacist, with a pharmacy label showing:

The pupil's name

The name of the medication

The dosage

The frequency of the dosage

Date dispensed

Any storage requirements

Expiry date

In exceptional circumstances where a consent form has not been received, medication may be given for one day only following receiving telephone consent from the parent – this must be discussed with the headteacher or senior member of staff in charge.

It is the responsibility of parents to inform the school if there is a change in medication, a change in dosage requirements or the discontinuation of the medicine – this should be done in writing.

Where there are changes to protocols or care plans (e.g. for oxygen or epilepsy) following appointments with consultants or a GP, these should be communicated to the school on headed notepaper by the consultant, GP or relevant nursing team before changes can be made.

The class teacher decides who within the class team gives the medication. No member of staff is obliged to administer medication – this is undertaken voluntarily.

#### Non-prescription medication

Non-prescribed medication is not generally given in school. **This includes all creams and ointment, which may be prescribed.**

The only exceptions may be paracetamol/Junior Paracetamol given for:

1. Female pupils with period pains. The paracetamol/Junior Paracetamol must be sent in by parents. A consent form which is 'ongoing' must be signed by the parent (at least annually). In this case only one dose will be given during a school day and this will not be given before 1pm so if a dose has been given at home, this will be a minimum of four hours afterwards. The class teacher (or a TA or school administrator under their direction) should always

telephone the parent to confirm they are happy for it to be given on this occasion and to check the time of the last dose – two staff members should witness the giving of verbal consent (e.g. teacher and school administrator).

2. One-off cases in an emergency where there is sudden pain or raised temperature, where the parent is not able to collect the pupil quickly and take them for medical advice. This will not be for routine administration. The school will hold its own supply of Junior Paracetamol, appropriate to the age of pupils, in the locked first aid cabinet in the school office for this purpose (checked by the first aider) only for use in such an occurrence. In these circumstances verbal consent should be obtained from parents by telephone (with two witnesses as above) prior to any administration of the medication and the time of any previous dose must be checked.
3. Very exceptional cases (not routine) where a prescription is not obtained. Junior Paracetamol may be given by special agreement with the headteacher/senior person in charge of the school.

Administration of Junior Paracetamol in all three above circumstances should be recorded in the normal way.

As far as possible, any Junior Paracetamol should be on prescription. If any other non-prescription medicine is required by pupils, parents should ask for a prescription.

### Storage

Each class has a lockable medicines cabinet. All medication (including blue reliever inhalers), will be kept in the class medicines cabinet unless the label states it needs to be kept refrigerated. In this case there is a lockable fridge for medicines in the staffroom (the key may be obtained from the school office). **The temperature of the fridge will be monitored by staff when they put medication in and take it out.**

As Buccal Midazolam **and Dexamphetamine Sulphate** are controlled drugs, a weekly reconciliation of this medication should be carried out by the TA2 for each class **every Friday**. A hardback book is used, with a page for each pupil, to record:

Quantity supplied to school

Record of dose given

Quantity returned to parents

In most cases there is time to return to class to collect buccal midazolam from the medicine cabinet when needed – if a pupil's epilepsy protocol states it is needed sooner than five minutes after the onset of a seizure, it may be necessary for it to be carried around the school with the pupil. The class teacher should discuss this with the headteacher and ensure it is included on the pupil/class risk assessment. The class teacher should also ensure that blue inhalers are carried around the school where necessary, especially for PE. In the above cases, the medication should be held by a responsible member of staff. Where a pupil may be able to carry and use his or her own blue inhaler medication independently, this should be discussed with the headteacher and included on the pupil/class risk assessment.

Consent forms should be kept with medication until a course has been completed. Protocols for administration of asthma medication or buccal midazolam should be kept with the medication in a zipped plastic wallet in the locked class medicine cabinet.

Where staff bring any medication to school (including non-prescription) this must be locked in their locker with the key removed or alternatively stored in the locked class medicine cabinet.

#### Administration of medication

Staff should not administer medication until they have been trained by the school nurse. Generally the regular staff class will administer any medication. New and supply staff may witness medication administration if necessary, as this is covered in their induction.

When giving medication staff should check the medication is labelled with:

The pupil's name

The name of the medication

The dosage

The frequency of the dosage

Date dispensed

Any storage requirements

Expiry date

Medication should be checked in accordance with the above by two members of staff before administration.

All medication must be administered in accordance with the pharmacy label and/or medical protocol.

When medication is given orally, observe until it has been swallowed. **Refused medication should be sent home for parents to discard safely.**

Staff administering non-oral medication must be trained by the school nursing service or the appropriate specialist nursing team. This includes gastrostomies, inhalers and emergency medication for Epilepsy.

Medication should only be given to the person it is prescribed for.

Any concerns or queries about the medication needing to be administered should be checked with the parent. If for any reason the medication is not given, parents should be informed immediately.

Any redundant or surplus medication should be returned to parents – see Disposal of old Medication.

All medication should be sent home during the summer holiday.

### Record keeping

Pupils requiring medication will have a record of medicine administered to an individual child sheet for each medication.

Administration of occasional medications such as rescue medication in the event of epileptic seizure or paracetamol/Junior Paracetamol for period pain should be recorded on the record of medicine administered to an individual child sheet in the same way as for other medication, indicating dose and time and name of the person who gave the medication. Both staff members sign the medication administration record sheet. – one as the administrator and one as the witness.

Completed record sheets should be kept along with consent forms in the pupil's class file. The headteacher will keep them on file once a pupil leaves the school.

### Transportation of medication

Medication transported to school should be handed to the class or office staff by the parents or to the taxi escort/driver by the parent and the reverse at the end of the day. Pupils should not carry their own medication and it should not be placed in school bags. When medication is brought into school it should be straight away placed in the class locked medicines cabinet or fridge in the school office. The record of medication administered to an individual child front sheet should be completed by class staff. Where medication is transported frequently the record of medicine received and returned should be completed by the school administrator or class staff.

### Training

All staff willing to administer medication will receive training from the school nursing team as part of the whole school staff training programme. Training for staff in administration of rescue medication for Epilepsy will be delivered by the Epilepsy nurse as part of Epilepsy training. No member of staff should give rescue medicine without having undergone training. Staff may only administer medication such as oxygen or via gastrostomy having undertaken specific training.

### Calling an ambulance

See Health and Safety policy.

An ambulance should be called in line with a pupil's epilepsy protocol, including when the pupil is given a new epilepsy rescue medication, such as Buccal Midazolam, for the first time. Staff should telephone the ambulance service from the nearest telephone to the pupil so that they can keep the ambulance service informed of the pupil's condition. The school office should be informed that an ambulance has been called so the school administrator can greet the ambulance staff and direct them to the pupil. The headteacher or senior person in charge of the school should also be informed.

The headteacher or senior person in charge of the school should also be informed at any time epilepsy rescue medication is administered, whether or not an ambulance is called.

### Oxygen

Oxygen will only be administered to pupils for whom it is prescribed. It will only be administered **or checked** by staff trained by the respiratory nursing team. It will be administered in accordance with pupils' respiratory protocols.

### Disposal of old medication

Medicines that are surplus should be returned to parents and the record of medicine administered to an individual child front sheet should be completed.

Used syringes from administration of Buccal Midazolam may be thrown away if they are completely empty. Where they are only partially used, they should be sent home for parents to dispose of.

### Educational Visits

See Educational Visits policy.

Staff supervising visits should always be aware of any medical needs and relevant emergency procedures. A copy of any health care plan or protocol should be taken on visits in case the information is required in an emergency. A designated member of staff should carry the medication, the consent form and the record of medicine administered to an individual child record form with them.

When a visit is planned, if staff are concerned about providing for a pupil's medical needs/safety, they should speak to the head teacher who will seek further advice and training as needed. There should be a trained first aider on all trips and for Early Years Foundation Stage pupils this must be a member of staff trained in Paediatric First Aid.

### Residential visits

For residential visits it may be necessary to administer medicines not usually given during school time. Parents will be required to complete a Parents Request for medication to be administered by school staff form. A safe place for storage of medicines on residential visits needs to be identified.

On residential trips in certain circumstances it may be possible to administer non-prescription medication (e.g. Junior Paracetamol) when it is provided by the parents with written and signed instructions.

### Pupils' refusal to take medicines

In the event of a pupil refusing to take medicine, staff should not force them to do so. Parents should be informed as soon as possible on the day of the refusal.

### Pupils who vomit after taking medication

If a pupil vomits soon after having medicine, parents should be informed as soon as possible on the day, so they can decide if further action is needed.

### Links

This policy links with the following school policies:

Health and safety

Safeguarding (child protection)

Supporting pupils with medical conditions

Educational visits  
Staff induction

This policy will be reviewed annually.

Appendix 1 – Form for parental request for medication to be administered in school

Appendix 2 – Record of medicine administered to an individual child (two sheets)

**CD**

Revised **November 2018** – Changes in bold italic.