

## Church Lawton School

### Managing Medication Policy

<b>Issue Date</b>	September 2014
<b>Ratified by Governors</b>	December 2016
<b>Reviewed</b>	June 2017
<b>Reviewed</b>	June 2018
<b>Reviewed</b>	January 2019
<b>Reviewed</b>	January 2020
<b>Reviewed</b>	January 2021
<b>Reviewed</b>	January 2022
<b>Reviewed</b>	January 2023
<b>Reviewed</b>	January 2024
<b>Next Review Date</b>	January 2025

## **CONTENTS**

1. Introduction and Rationale
2. Church Lawton School Medicines Policy
3. Guidelines
  - Prescribed Medicines
  - Delivery, Receipt and Storage Arrangements
  - Disposal of Medicines
  - Training and Instruction
  - Record Keeping
  - Self-Management of Medicines
  - Controlled Drugs
  - Emergency Procedures
  - Educational Visits
4. Medication arrangements for students with an Individual Health Care Plan
  - Home-to-School Transport
5. Common conditions and practical advice
  - Asthma
  - Asthma Support and Training for staff
  - Epilepsy
  - Diabetes
  - Anaphylaxis
  - ADHD
6. Related publications

## **Appendices**

- |             |                                  |
|-------------|----------------------------------|
| Appendix D1 | New Medication form              |
| Appendix D2 | Prescribed Medication form       |
| Appendix D3 | Medication Administration Record |

## 1. **INTRODUCTION and RATIONALE**

1.1 This policy and guidance in this document has been drawn up in accordance with new DfE statutory guidance 'Supporting Pupils at School with Medical Conditions' (September 2014).

1.2 Church Lawton school have decided to adopt this policy and guidance along with procedures and arrangements, to ensure that individuals with medical needs are properly supported and can play a full and active role in school life and take part in off-site activities.

1.3 Most pupils will at some time have short-term medical needs e.g., finishing a course of antibiotics. Some pupils at Church Lawton will also have longer term medical needs and may require medicines on a long-term basis such as controlled epilepsy etc. Others may require medicines in particular circumstances, such as those with severe allergies who may need an adrenaline injection. Young people with severe asthma may have a need for inhalers or additional doses during an attack. This guidance has been developed to assist Governing Bodies, Principals and Middle Managers to ensure that the focus is on the needs of the individual child and how their medical condition impacts on their school life.

1.4 Supporting a pupil with a medical condition during school hours is not the sole responsibility of one person. A school's ability to provide effective support will depend on working co-operatively with other agencies. Partnership between school staff, healthcare professionals (and, where appropriate social care professionals), local authorities and parents and pupils is critical.

1.5 In most cases young people with medical needs can attend school and take part in normal activities (including PE, school trips etc.) but staff may need to take care in supervising such activities to make sure such young people are not put at risk. An individual Health Care Plan can help staff identify the necessary safety

measures to help support young people with medical needs and ensure that they, and others, are not put at risk.

1.6 Some children with medical conditions may be considered disabled under the definition set out in the Equality Act 2010. All pupils who attend Church Lawton have a primary diagnosis of autism. This guidance should therefore be read in conjunction with the school's policy: Meeting the needs of pupils with autism, as well as the Special educational needs and disability (SEND) code of practice.

1.7 Parents have the prime responsibility for their child's health and must provide schools with sufficient and up to date information about their child's medical needs. Parents should be involved in the development and review of their child's Individual Health Care Plans (IHCP).

They should carry out any action they have agreed e.g., providing medicines and equipment, and ensuring they or another nominated adult are contactable at all times.

1.8 In the case of foster care placements, the local authority, when completing placement plans and agreements, should discuss medication issues with the parent/guardian and have this documented. The parents will generally maintain parental responsibility and will need to be consulted to give consent for medication being given. Where the local authority has joint parental responsibility, consent procedures will be clearly documented.

1.9 There is no legal duty that requires school staff to administer medicines, but all staff have a common law duty of care to act like any reasonable prudent parent. Many schools are developing roles for support staff that build the administration of medicines into their core job description. School staff must take into account the needs of pupils with medical conditions that they teach.

1.10 School staff should receive sufficient and suitable training to achieve the necessary level of competency before they take on responsibility to support children with medical conditions. In most cases, written instructions from the parent or the medical container dispensed by the pharmacist may be considered sufficient.

## 2. CHURCH LAWTON SCHOOL MEDICINES POLICY

2.1 Medicines will only be administered at Church Lawton when it would be detrimental to a child's health or school attendance not to do so. Where possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

2.2 Ideally it is preferable that parents, or their nominee, administer medicines to their children. However, this may not always be appropriate. In such cases it is likely that a request will be made for medicine to be administered to the young person at school.

2.3 Each request for medicine to be administered to a young person in school should be considered on its merits. Where it is thought necessary for medicines to be administered the Principal and Deputy Principal will ensure that this school policy and guidelines are followed carefully.

2.3 No child under 16 will be given prescription or non-prescription medicines without their parent's written consent.

### 3. GUIDELINES

3.1 These guidelines have been developed to ensure safe and effective practices are in place at Church Lawton School for administration of medicines. All parents and staff must be aware of and adhere to procedures and protocols.

3.2 Church Lawton must receive a written request from parents giving clear instructions regarding required dosage.

The necessary form should be completed by the parent whenever a request is made for medicine to be administered on each and every occasion. This request should be reviewed termly. (See Appendix 1 for a request form)

#### **Prescribed Medicines**

3.3 Prescribed medicines are those that have been prescribed by a doctor, dentist, or nurse prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. Church Lawton School will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosage on parent's instructions. Ideally medicines should be prescribed in dose frequencies which enable them to be taken outside school hours, parents are encouraged to ask their prescriber about this.

#### **Delivery, Receipt and Storage Arrangements**

3.4 Medicines will only be accepted if they are in date, labelled and provided in the container as originally dispensed by the pharmacist and include the young person's name, instructions for the administration, dosage, and storage. The label

on the container supplied by the pharmacist should not be altered under any circumstances. The exception to this is insulin which still must be in date but will be generally supplied in a pen or pump rather than its original container.

3.5 It is not appropriate or acceptable for students to bring in their own medication. All medication should be handed directly to the pupil's escort, or another nominated responsible person by the parent or carer. The escort will then give the medication to the class staff.

3.6 Medication should be stored safely and away from public areas, sources of heat, moisture, or direct sunlight, as these elements can cause the medicines to deteriorate. Medicines such as asthma inhalers, adrenalin pens and blood testing meters should be readily available and not locked away but kept in a safe place in the school.

3.7 Medicine cupboard/cabinets should be of a suitable size to store all medication and have a quality lock fitted where required.

3.8 A few medicines need to be refrigerated. These will be kept in the medicine fridge in the staff room.

3.9 In the event of storage of a controlled drug the storage container should be secured to a wall. Designated staff only should have access to the medication. A record should be kept of any doses used and the amount of the controlled drug held in school.

3.10 Rooms in which drugs are kept should not be accessible to students. Drugs requiring refrigeration should be clearly labelled and stored in the staff room refrigerator.

3.11 Where individuals have an Individual Health Care Plan this should detail where their medication will be kept in the event of an emergency and for day-to-day use.

3.12 The master file of parental consent and record of administration forms is kept in the medicine cabinet in the staff room in proximity to a medication store for ease of reference.

3.13 The young person should know where their own medicines are being stored and who holds the key only if this is considered appropriate.

### **Disposal of Medicines**

3.14 All Medicines, including controlled drugs, must be returned to the parent, when no longer required, for them to arrange for safe disposal. Parents should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

3.15 Where any staff use syringes and needles on site, it is their responsibility to ensure safe disposal of these items into a sharps box. Where students are self-administering insulin or any other medication with a syringe, they should be assisted by staff in the proper disposal of sharps.

### **Training and Instruction**

3.16 Church Lawton School will ensure that they have robust systems in place to manage medicines safety. All staff must be fully aware of this policy and procedures and have received suitable and sufficient training to achieve the necessary level of competency before they take on responsibility to support children with medical conditions.



3.17 The level of training is dependent upon the amount of support they may be required to administer. In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist maybe considered sufficient, but ultimately this is for the school to decide, having taken into consideration the training requirements as specified in the pupil's individual health care plan.

3.18 Church Lawton School will decide if training is required in order to meet pupils' individual health care needs. (The school recognises that holding a first aid certificate does not constitute appropriate training in supporting children with medical conditions and when needs are identified, additional training will be requested and implemented.)

3.19 The family of a child will be key in providing relevant information to school staff about how their child's needs can be met, and parents should be asked for their views. They should provide specific advice but should not be the sole trainer.

### **Record Keeping**

3.20 Only one member of staff at any one time should administer medicines to a young person (to avoid the risk of double dosing). An additional member of staff will check doses before they are administered. Arrangements should be made to relieve the member(s) of staff from other duties while preparing or administering doses (to avoid the risk of interruption before the procedure is completed).

3.21 Staff with a young person with medical needs in their class or group should be informed about the nature of the condition and when and where the young person may need extra attention.

3.22 Schools must keep written online records each time medicines are given, and staff should complete an online treatment record on Smartlog (online

recording system). If a young person refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. Parents should be informed of the refusal on the same day.

### **Self-Management of Medicines**

3.23 It is good practice to support and encourage young people, who are able, to take responsibility to manage their own medicines and Church Lawton School will encourage this. There is no set age when this transition should be made. Health professionals need to assess, with parents and young person, the appropriate time to make this transition. This should be recorded in the young person's Individual Health Care Plan. If the young person can take their own medicine themselves, staff may only need to supervise the procedure.

3.24 If a child refuses to take medicine or carry out a necessary procedure, staff should not force them to do so, but follow the procedure agreed in the Individual Health Care Plan. Parents should be informed so that alternative options can be considered.

### **Controlled Drugs (Controlled by the Misuse of Drugs Act)**

3.25 A nominated and trained member of staff may administer a controlled drug to the young person for whom it has been prescribed (in accordance with the prescriber's instructions). It is permissible for schools to look after a controlled drug, where it is agreed that it will be administered to the young person for whom it is prescribed.

3.26 Schools must keep controlled drugs in a regulation compliant controlled drugs lockable cabinet (on an internal wall) and only trained staff have access. A record must be kept for audit purposes.

3.26(a) Administration of controlled drugs will be recorded on Smartlog and must be witnessed and signed by another controlled drugs trained First Aider ideally, or at least a First Aider.

3.26(b) Staff will do a stock check on tablets before and after any child has been given medication and this will be recorded in the controlled meds book, signed by the administrator and witnessed.

3.26(c) Staff and witness responsible for giving the medication will check that the correct child is matched with the correct medication – there is a photo of each child attached to their medical records.

3.26(d) Controlled drugs will be sent home every half term with the appropriate adult (parent/carer) and will not be kept on the school premises over holiday periods.

### **Emergency Procedures**

3.27 Church Lawton School has arrangements in place for dealing with emergency situations. Individual Health Care Plans should include instructions as to how to manage a young person in the event of an emergency. Staff will need to know who has been trained to administer emergency medication in a crisis and to call for designated staff to implement emergency procedures.

3.28 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.

## Educational Visits

3.29 Church Lawton staff may need to consider what reasonable adjustments they can make to enable young people with medical needs to participate fully and safely on visits, i.e., review existing policy and procedures and ensure risk assessments, cover arrangements, are in place for such young people. Arrangements for taking any necessary medicines will need to be taken into consideration. Staff supervising excursions should always be aware of the medical needs and relevant emergency procedures. A copy of an individual's Health Care Plan may need to be taken on a visit in the event of an emergency if this is assessed as appropriate.

3.30 If staff are concerned about whether they can provide for a young person's safety, or the safety of others, on a visit, Church Lawton staff will seek parental views and medical advice from the school health service and/or the young person's GP, Specialist Nurse or Hospital Consultant.

3.31 During an Educational Visit involving a residential or overnight stay (when a parent is unlikely to be available to administer pain/flu relief to their child) an appropriate pain/flu relief may be administered so long as the parent has given consent and specified the medicine on the 'Parent/Guardian Consent for an Educational Visit' form.

3.32 Due to recent updates from NHS England, the school are now following guidance from Clinical Commissioner groups regarding non-prescribed medication for ibuprofen, paracetamol, antihistamines, and travel sickness tablets. A young person under 16 should never be given aspirin or medications containing ibuprofen unless prescribed by a doctor, unless it is accompanied by a form signed and agreed by parents/carers.

#### **4. MEDICATION ARRANGEMENTS FOR STUDENTS WITH AN INDIVIDUAL HEALTH CARE PLAN (IHCP)**

4.1 Individual Health Care Plans (IHCP) help to ensure that Church Lawton effectively supports pupils with medical conditions. They provide clarity about what needs to be done, when and by whom. The school, healthcare professional and parent should agree, based on evidence, when a health care plan is appropriate. An IHCP should be reviewed at least annually.

4.2 The format of IHCP's will capture the key information and actions that are required to support the child. The level of detail will depend on the complexity of the child's condition and the degree of support required.

4.3 The IHCP should be drawn up in partnership between the school, parents and a relevant healthcare professional. Pupils should also be involved when appropriate.

4.4 The Church Lawton IHCP will consider the following:

- The medical condition – its triggers, signs, symptoms, and treatments; the student's resulting needs including medication (dose, side effects and storage) and other treatments, time, facilities, equipment, testing, access to food and drink (where it is used to manage their condition), dietary requirements and environmental issues eg: crowded corridors, travel time between lessons.
- Specific support for the student's educational, social, and emotional needs (eg: how will absences be managed, requirements for extra time to complete exams, use of rest periods, counselling sessions).
- The level of support needed including in emergencies. If a student is self-medicating this must be clearly stated.

- Who will provide this support, their training needs, expectations of their role and confirmation of proficiency to provide support from a healthcare professional and cover arrangements
- Who needs to be aware of the student's condition and the support required.
- Arrangements for written permission from parents for medication either to be administered by a member of staff or the student.
- Separate arrangements or procedures for school trips or other school activities outside the normal school timetable.
- If there are confidentiality issues, the designated individuals to be entrusted with the information.
- What to do in an emergency including whom to contact and contingency arrangements.

4.5 Staff must not give prescription medicines or undertake health care procedures without appropriate training (updated to reflect any individual health care plans). In some cases, written instructions from the parent or on the medication container dispensed by the pharmacist maybe considered sufficient, but ultimately the school will decide, having taken into consideration the training requirements as specified in the pupils' individual health care plan.

### **Home-to-School Transport**

4.6 Most individuals with medical needs do not require supervision on transport but appropriately trained escorts should be provided where this is necessary. Guidance should be sought from the parent and health professionals as to whether supervision may be required. This should be included on the Individual Health Care Plan and will be the responsibility of the local authority.

## 5. COMMON CONDITIONS AND PRACTICAL ADVICE

5.1 The medical conditions in young people that most commonly cause concern in schools are asthma, diabetes, epilepsy, and severe allergic reactions (anaphylaxis). The following notes offer some basic information, but it is important that the needs of the young person are assessed on an individual basis – individual Health Care Plans should be developed.

### **Asthma**

5.2 Asthma is common; one in ten young people have asthma in the UK. The most common symptoms of asthma are coughing, wheezing or a whistling noise in the chest, tight feelings in the chest or getting short of breath.

5.3 Staff may not be able to rely on the very young to be able to identify or verbalise when their symptoms are getting worse or what medicines they should take and when. Therefore, staff in early years/primary school, who have such children in their classes must know how to identify when symptoms are getting worse and what to do when this happens.

5.4 There are two main types of medicines to treat asthma, relievers, and preventers:

Relievers (blue inhalers) are medicines taken immediately to relieve asthma symptoms and are taken during an attack. These quickly open up narrowed airways and help breathing difficulties.

Preventers (brown, red, orange, or green inhalers) taken daily to make airways less sensitive to the triggers. Usually, preventers are used out of school hours.

Young people with asthma need to have immediate access to their reliever inhalers when they need them. Staff should ensure they are stored safe but in an accessible place, clearly marked with the young person's name and always available during physical education, sports activities, and educational visits. Pupils with asthma are encouraged to carry their reliever inhalers as soon as the parent/carer, doctor or asthma nurse and class teacher agree they are mature enough.

5.5. Church Lawton School must have an awareness of asthma and how it can be managed. This knowledge is an integral part of the whole school policy on Administration of Medicines. Further information can be seen via the following link: [www.asthma.org.uk](http://www.asthma.org.uk)

5.6 From 1st May 2017, Church Lawton School has made the decision to hold an emergency inhaler and spacer in school. Parental agreement must be obtained before this medication is administered.

### **Asthma Support and Training for staff**

5.7 The sites [www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers](http://www.asthma.org.uk/knowledge-bank-treatment-and-medicines-using-your-inhalers) and [www.educationforhealth.org](http://www.educationforhealth.org) provide demonstration films and advice. In addition, the school nurse, local NHS hospital trust and the student can provide further information.

5.8 A list of pupils with asthma will be maintained in the staff room and medical rooms.



## Epilepsy

5.9 Young people with epilepsy have repeated seizures that start in the brain. An epileptic seizure, sometimes called a fit, turn or blackout can happen to anyone at any time. Around one in 200 children have epilepsy, but most children with diagnosed epilepsy never have a seizure during the school day.

5.10 Seizures can take many different forms. Parents and health care professionals should provide information to schools, setting out the particular pattern of individual young person's epilepsy. This should be incorporated into the Health Care Plan.

5.11 If a young person experiences a seizure in school the following details should be recorded and relayed to the parents:

- Any factors which might have acted as a trigger to the seizure e.g., visual/auditory, stimulation or emotion.
  - Unusual 'feelings' reported by the young person prior to the seizure.
  - Parts of the body showing signs of the seizure i.e., limbs or facial muscles.
  - Timing of the seizure – when it began and how long it lasted.
  - Whether the young person lost consciousness.
  - Whether the young person was incontinent.

After a seizure the young person may feel tired, be confused, have a headache, and need time to rest or sleep.

5.12 Most young people with epilepsy take anti-epilepsy medicines to stop or reduce their seizures. Regular medicine should not need to be given during school hours. Triggers such as anxiety, stress, tiredness and being unwell may increase the chance of having a seizure. Flashing and flickering lights can also trigger seizures (photosensitivity), but this is very rare. Extra care may be needed

in some areas such as swimming. Such concerns regarding safety of the young person should be covered in the Health Care Plan.

5.13 During a seizure it is important to make sure the young person is in a safe position. The seizure should be allowed to take its course. Placing something soft under the person's head will help protect during a convulsive seizure. Nothing should be placed in the mouth. After the seizure has stopped, they should be placed in the recovery position and stayed with until fully recovered. Emergency procedures should be detailed in the Health Care Plan. Further information regarding Epilepsy is available via the following link:

[www.epilepsy.org.uk](http://www.epilepsy.org.uk)

## **Diabetes**

5.14 One in 550 school age children will have diabetes. Most have Type 1 diabetes. Diabetes is a condition where the level of glucose in the blood rises. This is either due to lack of insulin.

(Type 1 diabetes) or because there is insufficient insulin for the young person's needs or the insulin is not working properly (Type 2 diabetes). All pupils with diabetes are supported by Paediatric Clinical Nurse Specialists who are happy to provide advice. Further information is available from Diabetes UK at [www.diabetes.org.uk](http://www.diabetes.org.uk) or by telephoning 0345 123 2399.

5.15 Each young person may experience different symptoms, and this should be detailed in their Health Care Plan. Greater than usual need to go to the toilet or to drink, tiredness and weight loss may indicate poor diabetic control. Staff noticing such changes will wish to draw these signs to parents' attention.

5.16 Diabetes is mainly controlled by insulin injections with most younger children a twice daily injection regime of a longer acting insulin is unlikely to involve medicines being given during school hours. Older children may be on multiple injections or use an insulin pump. Most young people learn to manage

their injections but supervision and a suitable private place to administer the injection, at school, may be required.

5.17 Young people with diabetes need to ensure their blood glucose levels remain stable and may check their levels by taking a small sample of blood and using a small monitor. They may need to do this during school lunch break, before PE or more regularly if insulin needs adjusting. Most young people will be able to do this themselves, but younger children may need supervision to carry out/interpret test and results. Appropriate training for staff should be provided by health care professionals.

5.18 Young people with diabetes need to be allowed to eat regularly during the day i.e., eating snacks during class time or prior to exercise. Staff in charge of physical education or other physical activity should be aware of the need for young people with diabetes to have glucose tablets or a sugary drink to hand.

5.19 The following symptoms, individually or combined, may be signs of low blood sugar – a hypoglycemic reaction: i.e., hunger, sweating, drowsiness, pallor, glazed eyes, shaking or trembling, lack of concentration, mood swings or headache. Some young people may experience hyperglycemic (high glucose level) and have a greater need to go to the toilet or drink. The individual's Health Care Plan should detail their expected symptoms and emergency procedures to be followed.

### **Anaphylaxis**

5.20 Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It visually occurs within seconds or minutes of exposure to certain food or substances. Occasionally this may happen after a few hours. Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits i.e., kiwi fruit and penicillin, latex or stinging insects (bees, wasps or hornets).

5.21 The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically, and the patient loses consciousness. More commonly among young people there may be swelling in the throat which can restrict the air supply or severe asthma. Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea or vomiting.

5.22 The treatment for a severe allergic reaction is an injection of adrenaline. Pre-loaded injection devices containing one measured dose of adrenaline are available (via prescription). Should a severe allergic reaction occur the adrenalin injection should be administered into the muscle of the upper outer thigh. An Ambulance should always be called.

5.23 Adrenaline injectors, given in accordance with the prescribed instructions, are a safe delivery mechanism. It is not possible to give too large a dose using, this device. In cases of doubt, it is better to give the injection than hold back.

School have a Kitt Medical anaphylaxis kit in the front reception area in case of anaphylaxis emergency, whole school anaphylaxis training provided for staff through the Kitt Medical portal.

5.24 Day-to-day policy measures are needed for food management; awareness of the young person's needs in relation to diet, school menu, individual meal requirements and snacks in school.

5.25 Parents may often ask for the Headteacher to exclude from the premises the food to which their child is allergic. This is not always feasible, although appropriate steps to minimise any risks to allergic young people should be taken.

5.26 Anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life may continue as normal for all concerned.

### **Attention Deficit and Hyperactivity Disorder (ADHD)**

5.27 Young people who have had a formal diagnosis of ADHD should be following a behaviour management programme and, in some cases, with medicine prescribed by a child psychiatrist or paediatrician. Further information is available from the NHS Choices website [www.nhs.uk](http://www.nhs.uk) and school library.

## **6. RELATED PUBLICATIONS**

DfE publications:

'Supporting pupils at school with medical conditions'

'Templates - Supporting pupils at school with medical conditions'

'Supporting pupils at school with medical conditions:

Links to other useful resources'

'The Early Years Foundation Stage'

'Special Educational Needs and Disability Code of Practice'

The Equality Act, 2010