



HOLY TRINITY C E (A) PRIMARY SCHOOL
Managing Medicines Policy & Supporting Pupils with Medical Conditions

Vision

We aspire to be a happy, confident and caring community where children are motivated to flourish and achieve their full potential in a supportive learning environment, underpinned by a strong Christian ethos.

1 John 4: 16: 'God is love and those who live in love live in God, and God lives in them'.

POLICY	Managing Medicines Policy & Supporting Pupils with Medical Conditions
SOURCE	WSCC model & Holy Trinity CE Primary School
REVIEWED BY	Teaching, Learning & Ethos Committee & FGB April 2020
APPROVED	TLE 01.11.21 & FGB 07.12.21
REVIEW DUE	Autumn 2024

Section 100 of the **Children and Families Act 2014** places a duty on governing bodies of maintained schools to make arrangements for supporting pupils at their school with medical conditions. Government guidance requires that schools develop a Managing Medicines Policy that describes how and when medicines will be administered. This policy is based on model guidance from the DfE and WSCC.

All staff, governors, parents/carers and members of the Holy Trinity CE(A) Primary School (HTS) community will be made aware of and have access to this policy.

Key points

- Pupils at school with medical conditions will be properly supported so that they have full access to education, including school trips and physical education.
- The governing body will ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- The governing body will 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.

Duty of care

There is no legal duty that requires staff employed in educational establishments to administer medicines. However, HTS will make reasonable adjustments for disabled children, including children with 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. Furthermore, in an emergency, all teachers and other staff in charge of children have a common law duty to behave as any reasonable parent would to protect the health and safety of a child in their care – this might mean giving medicine or medical care.

Training

HTS will ensure that there are sufficient members of support staff who are appropriately trained to manage medicines as part of their duties, and this information is recorded. The Health and Safety Team provides training in managing medicines. The school nurse is the normal contact for information and training in the administration of specific medicines.

Written consent

- Staff must not give any medicine to a child without written consent from the parent or carer. The parent or carer must complete and sign a consent form. Medicines must be provided with the signed consent form, in the pharmacist's original labelled container, direct to the head or designated person. A new consent form must be provided each time there is a change to the medication or dosage.
- The parent/carer is responsible for ensuring that sufficient medicines are provided and that they are not out of date.
- Staff who give medication must do so with reasonable care. Always ask the child what other medications they take and what has been taken recently before giving anything. If there is any doubt, seek medical advice before administering the medicine.
- To avoid the risk of giving a double dose, only one member of staff at any one time should be responsible for giving medicines (this may be delegated by the lead person e.g. if not available to give all doses). They must be relieved from other duties while preparing or giving the medicine, to reduce likelihood of error.

Keeping records (see Appendix)

When a child is given medicine, a record will be kept, including:

- name of the medicine;
- dose prescribed;
- dose given, and how (pill etc);
- name of the child;
- time and date it was given; and
- name and signature of the person giving the medicine to the child.

Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell at school. Records must be retained by the establishment until the pupil is 24.

Controlled Drugs

Pupils prescribed a controlled drug (controlled drugs are drugs which are liable to abuse and misuse and are controlled by the Misuse of Drugs Act 1971 and misuse of drugs regulations.) are legally permitted to carry their own medication if deemed competent to do so. However it is strongly recommended that pupils do not carry their own medication in school. Controlled drugs must be stored securely in a non-portable container and only named staff will have access, controlled drugs for emergency use must also be easily accessible. The administration of a controlled drug must be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record must be kept of any doses used and the amount of controlled drug held in school.

The school will 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. 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

All medicines will be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises eg on school trips.

Non-prescription medicines (including herbal remedies and complementary medicines)

There is a widespread misconception that non-prescription medicines are safe because they are readily available from retailers such as supermarkets. Each year thousands of people develop life-threatening conditions from these medicines because they do not understand the dangers. School staff may only administer the following non-prescription medicines:

- Travel sickness remedies (see further details below)
- Paracetamol - this may be given to children who are 10 years old and over (see further details below)

Staff must not give any other non-prescription medicines to children. This applies to educational visits as well as in school. Sunscreen can be applied to children because it is not a medicine. A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed

Travel sickness remedies

If a child needs to take medicine to prevent travel sickness on an educational visit, you may give it with the parent's or carer's written consent. The parent or carer must confirm that the medication has been given to their child in the past without adverse effect and a note of this recorded on the consent form. The travel sickness medicine must be provided in the original packaging, with manufacturer's instructions included. It must be stored and administration recorded as for prescription medicines. It must be suitable for children. Some travel sickness medicines cause drowsiness.

Paracetamol

- Paracetamol is a widely used drug for controlling pain and reducing temperature. Despite its prevalence, it can be very dangerous if taken inappropriately. Overdose requires immediate medical attention.

The Local Authority, in consultation with health practitioners, has carefully considered the benefits and dangers of administering this non-prescription drug in schools and settings.

Administering paracetamol to children under 10 is not recommended because this indicates the child is generally unwell and should therefore be at home.

For older pupils, it is sometimes appropriate to give paracetamol to control specific pain such as migraine or period pain. Schools administering paracetamol to children should adhere to the following conditions.

- Should a child have a known medical need and will require pain relief during the school day (for example a broken finger), parents may complete a form to administer non-prescription paracetamol and leave the medicine with the school to be administered by staff. This should be for short periods of time only and for no more than 2 consecutive school days. After that – a prescription will be required.
- The member of staff responsible for giving medicines must be wary of routinely giving paracetamol to children. If a child complains of pain as soon as they arrive at school and asks for painkillers, it is not advisable to give paracetamol straight away. There should be at least 4 hours between any 2 doses of paracetamol containing medicines. No more than 4 doses of any remedy containing paracetamol should be taken in any 24 hours. Always consider whether the child may

have been given a dose of paracetamol before coming to school. Many non-prescription remedies such as Beechams Powders, Boots Pain Relief Syrup for Children, Lemsip, Night Nurse, Vicks Cold Care etc. contain paracetamol. If paracetamol tablets are taken soon after taking these remedies, it could cause an unintended overdose.

- The pupil is first encouraged to get some fresh air/have a drink/something to eat/take a walk/sit in the shade (as appropriate) and paracetamol is only considered if these actions do not work.
- Staff administering paracetamol will check that the medicine has been administered without adverse effect to the child in the past and parents must certify that this is the case - a note to this effect should be recorded on the consent form.
- Only standard 500mg paracetamol tablets / liquid may be administered. Stronger doses or combination drugs, which contain other drugs besides paracetamol must not be administered unless they have been prescribed by a Doctor.
- Paracetamol must be stored securely and should not be kept in first aid boxes.
- Children can only be given one dose during the school day . If this does not relieve the pain, contact the parent or the emergency contact.
- The member of staff responsible for giving medicines must witness the child taking the Paracetamol, and make a record of it. The pupil should be made aware that paracetamol should only be taken when absolutely necessary that it is an ingredient in many cold and headache remedies and that great care should be taken to avoid overdosing.
- The school's policy is not to stock paracetamol, there is a clear and safe arrangement for parents to supply them to the school for the child. It is not recommended to allow children to carry paracetamol around.

Paracetamol on residential visits

If a pupil becomes unwell during a residential visit, it may be appropriate to administer paracetamol. If it is the school's policy to take paracetamol on residential visits, written parental consent should be obtained beforehand, and parents should be asked to confirm in writing that their child has taken paracetamol before without adverse effect. The general guidance on paracetamol (above) should be followed, but on a residential visit it may be appropriate to administer more than one dose and/or to give it to a child aged 10 or under. Dosage must be strictly according to the instructions on the packaging. Should paracetamol fail to alleviate symptoms and/or should staff have any concerns about a pupil's condition, they should not hesitate to get professional medical attention. Paracetamol taken on residential trips may be kept in a lockable first aid box if that is the most practicable place to store it.

Other medicines on residential visits

Schools have a 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. Occasionally it may be necessary to administer non-prescription medicines i.e. piriton, to pupils suffering hayfever. However the administration of non-prescription medication on residential visits should not be encouraged and only undertaken when absolutely necessary. Parents must give written consent prior to the residential visit. Staff will check that the medicine has been administered without adverse effect to the child in the past and parents must certify this is the case – a note to this effect should be recorded on the consent form. Records must be kept as for prescribed medication.

Pupils with Long-term or Complex Medical Needs

Parents or carers should provide the head teacher with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made,

between the parents, head teacher, school nurse and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. For pupils with significant needs, arrangements will be documented in a Health Care Plan.

Pupils taking their own medication

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication. The most common condition where this applies is asthma and reference should be made to the school's Asthma Policy. For other conditions, appropriate arrangements for medication should be agreed and documented in the pupil's health care plan and parents should complete a request form.

Emergency Procedures

In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a pupil who has a Health Care Plan, the emergency procedures detailed on the plan are followed, and a copy of the Health Care Plan is given to the ambulance crew. Instructions for calling an ambulance are displayed prominently by the telephone in the school office.