

# Medicines Policy

Governors' Committee Responsible	Health & Safety
Status	Statutory
Review Cycle	Yearly
Date of last review	September 2023
Date of next review	September 2024

## **Medicines**

### **PURPOSE & SCOPE**

This policy has been drawn up with guidance from and meets the requirements of:

- Section 2 of the Health and Safety at Work Act 1974
- Section 100 of the Children and Families Act 2014
- Department for Education – Supporting pupils at school with medical conditions – December 2015
- Special Educational Needs and Disability Code of Practice: 0 to 25 years – July 2014
- Guidance on the use of emergency salbutamol in school – March 2015
- Guidance on the use of emergency Adrenalin Auto-Injectors (AAI) in schools – September 2017
- Misuse of Drugs Act 1971
- NHS Act 2006
- Equality Act 2010

This policy covers medical attention, the administration and storage of medication for employees and pupils of The Auriga Trust.

The term *parent* implies any person or body with parental responsibility, such as foster parent, carer, guardian or local authority.

### **General Principles**

The Auriga Academy Trust will:

- 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 full potential;
- establish relationships with relevant health professionals, the local authorities and other support services;
- assist children with long-term medical conditions by drawing up Individual Healthcare Plans for the administration of medication and care;

- respond flexibly to the needs of each pupil and how their medical condition impacts on their school life and consider what reasonable adjustments might enable pupils to participate fully and safely on visits;
- keep the pupil's best interests in mind, ensure that the school assesses and manages risks of the child's education, health and social wellbeing whilst minimising disruption to their learning;
- ensure that no prescription medicines are given nor healthcare procedures are undertaken by any staff without appropriate training.

Additionally, the school will:

- liaise regularly with the Specialist Community Public Health Nurse who advises, provides training, monitors and communicates with other health professionals on the school's or parents'/guardians' behalf;
- ensure arrangements for pupils are in place at the start of a school year;
- ensure that arrangements are in place within two weeks for new pupils moving to the school mid-term or having received a new diagnosis;
- provide the facility to safely store, administer and record individually prescribed medication;
- endeavour to notify all staff of pupil medical alerts and treatment regimes – information for all staff will be kept in the staffroom;
- train and monitor staff who are used in the process of assisting with the administration of medication including contingency and emergency situations;
- ensure that no prescription or non-prescription medicines are given to pupils without parents'/guardians' written consent;
- notify the parent/guardian in the event that a child refuses to take prescribed medication (e.g. Ritalin);
- notify parents/guardians of an outbreak of a contagious condition within the school, (advice on the periods of exclusion for contagious diseases and the recommended treatment of head lice is made available);
- advise parents/guardians that pupils are not allowed to carry/administer medication and that if a child requires medication, contact should be made with the school/centre in advance and discussed on a case by case basis with regard to the guidelines;
- regularly review and update this policy.

### **Procedures for the Administration of Medicines**

**Form A** – *Medical Information - Confidential* should be completed by parents/guardians, with the additional sheets 1 & 2 as necessary.

**Form B** – *Parental Agreement for Setting to Administer Medicine (and Form B continued – Record of Medicine as appropriate)* should be completed by parents/guardians.

**Form C (a)** – *Consent for Administration of Emergency Medication* should be completed by parents/guardians for administration of emergency medication: Oromucosal Midazolam

**Form C (b)** – *Consent for Administration of Emergency Medication* should be completed by parents/guardians for administration of emergency medication: EpiPen. It includes written consent for the use of, and payment for the spare Adrenaline Auto-Injectors (AAI), if necessary.

**Form C (c)** – *Consent for Administration of Emergency Medication* should be completed by parents/guardians for administration of emergency medication: asthma inhaler (e.g. Salbutamol/Ventolin). It includes written consent for the use of, and payment for the spare Salbutamol Inhaler, if necessary.

**Form D** – *Individual Healthcare Plan* should be completed by the school, relevant healthcare professional, parents/guardians and pupil where, based on evidence, a healthcare plan would be appropriate and not disproportionate. If consensus cannot be reached, the Headteacher will take a final view (see [Annex A](#)). The Individual Healthcare Plan should be linked to, or become part of, the statement or Education, Health and Care Plan and be reviewed at least annually.

It is the parent's responsibility to communicate any changes in writing.

It is the responsibility of the person administering the medicine to check that they are giving:

- the correct medicine
- in the correct dose
- at the correct time
- to the correct child.

**Form E (a)** – **Record of Medicine Administered to All Children** must be used to record each time medicine is administered, what, how, the dose, by whom and why. This will include information on when the medication is due to expire. Any side effects of medication that is administered at school should be noted.

**Form E (b)** – **Record of Controlled Drug Medicine Administered to All Children** must be used to record each time medicine is administered, what, how, the dose, by whom and will always be checked by a second person. This will include information on when the medication is due to expire. Any side effects of medication that is administered at school should be noted.

There are separate guidelines for the use of inhalers. Clear guidelines are displayed for the sequence of administering inhalers where more than one inhaler is used.

After discussion with parents/guardians, pupils who are competent should be encouraged to take responsibility for managing their own medicines and procedures. This should be reflected within Individual Healthcare Plans (using [Form D](#)). Wherever possible, pupils

should be able to access their medicines for self-medication quickly and easily, with an appropriate level of supervision.

If a pupil refuses to take medicine or carry out a necessary procedure, they should not be forced to do so but the agreed procedure in the Individual Healthcare Plan should be followed. Parents must be informed so that alternative options can be considered.

**Form F – Record of Emergency Medication Administration** is used to record not only the medication but also the seizures, including the duration and description.

All medication must be administered with two staff present. Administration should be carried out in accordance with instructions (non-prescribed medication) and signed for by both staff. Prescribed medication is only given to the child for whom it was prescribed in accordance with the prescription or instruction from the pharmacy.

Children to be identified by photograph in Records of Administration of Medication file. Medicines must be administered from original containers. The administration medical form must be completed at the time the medicine is administered. **Records must be kept for eight years after pupil leaves, or death.**

### **Storage of Medicines**

No out-of-date medicines should be kept at school. The parents/guardians of children receiving ongoing medication should be notified immediately if items are running out.

Please refer to [Appendix B](#) (the Gateway Centre, Clarendon & Capella House Schools) and [Appendix C](#) (Strathmore School) for information relating to storage of medication on specific school sites.

### **Medicines**

#### ***Prescribed Medication:***

Medicines should only be taken into school or settings when essential: that is where it would be detrimental to a child's health if the medicine were not administered during the school day. Schools will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber, with the exception of paracetamol as detailed below.

Medicines should always be provided in the original container as dispensed by the pharmacists. All medicines should have printed labels with the drug and/or generic name, the correct date and frequency of administration, the full name of the child and the prescribing doctor. The label on the container should clearly display the expiry date.

**The school will not accept medicines that have been taken out of the original container nor make changes to dosages on parental/guardians' instructions.**

#### ***Controlled Drugs:***

[Controlled drugs](#) are prescription medicines that are controlled under the [Misuse of Drugs Regulations 2001](#) and subsequent amendments, such as morphine or methadone.

A pupil who has been prescribed a controlled drug may have it in their possession if they are competent to do so, but they must not pass it to another pupil to use. All other controlled drugs are kept in a secure cupboard in the school specific designated areas and only named staff have access.

Controlled drugs will be easily accessible in an emergency and a record of any doses used and the amount held will be kept.

A member of staff may administer a controlled drug to the child for whom it has been prescribed, providing it is in accordance with the prescriber's instructions and in line with Local Authority procedures and the school has evidence of the prescription.

Controlled drugs must be stored and administered in accordance with the following procedure:

- Drugs will be stored in a locked non-portable container and only named staff should have access;
- All drugs received by staff at school will be checked and logged into the drug registration book – all batches finished or returned will also be logged into this book.
- Controlled drugs, as with all medication, should be returned to the parent when no longer required to arrange for safe disposal – see [FORM I – Medication Return Record](#). If this is not possible, it should be returned to a dispensing pharmacist;
- After administering a controlled drug, if the medication is in tablet form, the supporting adult must count the remaining tablets and record this number on [Form E – Record of Medicine Administered to All Children](#).
- Sharps boxes should always be used for the disposal of needles and other sharps.

### **Medication and First Aid Kits for School Trips**

Trip Leaders are responsible for the organisation of medication in line with the Individual Healthcare Plans when taking pupils in their care on day visits and school journeys. A general first aid kit is also taken on these occasions. The kit should be checked before leaving school and this responsibility must be completed or delegated by the trip leader. School staff must refer to school specific protocol for who to inform should any supplies run out or become low.

If medicine is required on school outings, managers must ensure that a trained member of staff is appointed to administer the medication and follow protocols, e.g. signing in and out of medication. All medicines which need to be kept refrigerated will be stored in appropriate conditions, e.g. cool box.

**Medical Attention** – see [Appendix B](#) The Gateway Centre, Clarendon & Capella House Schools, [Appendix C](#) Strathmore School

**Accident and Incident Report Form** – For incidents on school premises involving members of staff, pupils or visitors, who subsequently receive hospital/further medical attention, the HSE is the enforcing authority and reports should be submitted to the Local Authority Health & Safety Lead within 24 hours. This is done by completing an online form through the Accident Management System (AMS) WorkRite which will also notify the Head of School/Headteacher.

The **First Aid Book** is used to record all first aid treatments. Parents/Guardians will be notified of First Aid Treatment (please refer to [Appendix B](#) / [Appendix C](#) for school specific information). **Head injuries** must be reported to first aiders, SLT and parents/guardians as a matter of urgency because symptoms e.g. of concussion may take several hours to become apparent.

### **Emergency Procedures**

Risk assessments are carried out for all school activities, including school trips. The pupil's Individual Healthcare Plan ([Form D](#)) should clearly define what constitutes an emergency and explain what to do, including ensuring all relevant staff members are aware of emergency symptoms and procedures. Where appropriate, other pupils in school should know what to do in general terms, such as informing a teacher immediately if they think help is needed. If a pupil needs to be taken to hospital, staff should stay with the pupil until their parent/guardian arrives, or accompany a pupil taken to hospital by ambulance. The school needs to ensure understanding of the local emergency services cover arrangements and that correct information is provided for navigation systems. The school will ensure a copy of the plan is taken to the hospital with the child.

### **Training & Monitoring**

[Form H: Staff Training Record – Administration of Medicines](#) should be completed after each training session by the member of staff and trainer. Training will be sufficient to ensure that staff are competent and have confidence in their ability to support pupils with medical conditions and to fulfil the requirements as set out in Individual Healthcare Plans. Staff will have an understanding of the specific medical conditions of the pupils with whom they are working, the implications and preventative measures. Healthcare professionals, including the School Nurse, can provide confirmation of the proficiency of staff in a medical procedure, or in providing medication.

Community Nursing Teams are a valuable potential resource for advice and support in relation to pupils with medical conditions. The School Nurse will liaise with lead clinicians locally on appropriate support for the pupil and associated staff training needs. Parents/Guardians can often be key in providing relevant information to school and their views should be sought. Parents/guardians should provide specific advice but should not be the sole trainer.

Any concerns regarding practise will be raised with a member of the SLT. The training needs of staff are monitored, reviewed and addressed through the appraisal process of each school.

General whole school staff awareness is maintained through staff meetings and through information displayed in the staffroom and circulated via email. New staff are trained as part of the CPD calendar. Administration of medication should only be undertaken by permanent, trained members of staff.

### **THE GOVERNING BODY**

Governors and Trustees are kept informed about any issues relating to this policy and the procedures through Health & Safety sub-committee meetings, Local Governing Board meetings and Trust meetings. Information can also be found in the Headteacher's Report to Governors.

This policy will be reviewed three yearly or in the light of changes to legal requirements.

**CONCLUSION:**

This policy also needs to be in line with other school policies and therefore should be read in conjunction with the following school policies:

- Equal Opportunities Policy
- First Aid Policy
- Health and Safety Policy
- Personal Care Policy
- Therapeutic Touch Policy
- GDPR Policy



## **Appendix B – Procedures for the Gateway Centre, Clarendon and Capella House Schools.**

### **Storage of Medicines**

All items in the locked cabinet/refrigerator should be checked weekly by the Health and Wellbeing Lead TAs responsible for medicines in school. The keys for locked cabinets/refrigerator should be kept separately in a coded key box (the code changed regularly) and only given to those who dispense the medication. No out of date medicines should be kept at school. The parents/carers of pupils receiving ongoing medication should be notified immediately if items are running out. Time should be allocated to check all first aid kits to make sure they are complete.

Schools will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber, with the exception of paracetamol and Calpol as detailed below.

Medication handed in at the school office will be recorded and stored in a locked cabinet in the medical room at Clarendon & Capella House sites and in the Head of School's office at the Gateway Centre.

All drugs received by staff at school will be checked and logged into the drug registration book – all batches finished or returned will also be logged into this book.

### ***Emergency Salbutamol Inhaler***

The emergency salbutamol inhaler should only be used by pupils, for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever

medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example because it is broken, or empty).

### ***Emergency Adrenaline Auto-Injectors***

The same procedures must be in place as for the above.

### ***Non-Prescriptive Medication***

The school will only hold supplies of Paracetamol and Calpol. Medication for pain relief, for example, should never be administered without first checking maximum dosages and when the previous dose was taken. Only when parents/carers have given written instructions should paracetamol/Calpol be administered at school (e.g. headaches, period pains). These forms are completed as appropriate by the parents of pupils starting at The Gateway, Clarendon & Capella House. If a pupil has been given paracetamol/Calpol before school, the parent/carer must inform the school (if in doubt a parent should be rung to check). Parents/carers must be informed when paracetamol/Calpol is administered.

### **Medication and First Aid Kits for School Trips**

TAs are responsible for the organisation of medication in line with the Individual Healthcare Plans when taking pupils in their care on day visits and school journeys. A general first aid kit is also taken on these occasions. The kit should be checked by TAs before leaving school. The Health & Wellbeing Lead TAs have the responsibility for overseeing first aid resources. Other staff should inform this TA directly should any supplies run out or become low.

When medication needs to be administered to a pupil whilst out on an educational visit, trip or school journey, only the dosage required for the duration of the trip or journey should be carried by a responsible adult. In the case of tablets, these must be counted and checked by two members of staff into separate clearly labelled containers. On a school journey of more than one day's duration, all medication is kept in a locked box. Recording of the administration of medicines whilst away from school must follow the same procedures and be signed off on the prepared labels or sheets.

### **Medical Attention**

At Clarendon and Capella House Schools, when a pupil is placed in the medical room feeling unwell, a TA with first aid training will accompany and oversee that pupil. The office staff must be told and will cover for short periods, if necessary. If there is no-one in the office area, the TA must stay with the child. A notice will be placed on the medical room door in order to avoid disturbances. If any child does not recover within a reasonable amount of time, the Headteacher or Deputy, in consultation with a First Aider, will decide on the course of action to be taken (e.g. contacting parents, taking to hospital). Parents/Carers should be informed on the day if their child has been unwell at school and a record of the notification made.

The **First Aid Book** is used to record all first aid treatments. A note or sticker should be put in the pupil's homework planner/school diary. **Head injuries** must be also reported to other staff and parents/carers as a matter of urgency because symptoms, of concussion for example, may take several hours to become apparent.

If the responsible TA needs to leave the class or site, they should make sure that another TA continues with monitoring duties.

### **Medical Room**

On the Capella House Secondary site, there is a dedicated medical room. When the bed in the room is needed, shoes must always be removed.

If the bed is used for a long period of time (more than 1 hour) the sheets and pillow cases should be changed and washed. The Health and Wellbeing Lead TAs are responsible and will ensure bedding is washed weekly.

In the event of more than one pupil becoming unwell at the same time, a suitable, quiet place should be found to place the second medical bed if required.

On the Primary House Primary site, there is a dedicated medical room. When the bed in the room is needed, shoes must always be removed.

If the bed is used for a long period of time (more than 1 hour) the sheets and pillow cases should be changed and washed. The First aiders TAs are responsible and will ensure bedding is washed weekly. (We currently do not have a washing machine so ML will be responsible for washing and returning)

### **Training & Monitoring**

General whole school staff awareness at Clarendon, Capella House and the Gateway is maintained through staff briefing meetings held at least once per week and through information displayed in the staffroom or via emails. Induction of new staff is completed with the Health and Wellbeing Lead TAs or ML at Capella Primary at each centre whilst supply staff are always supported by permanent staff members.

