



Handforth Grange Primary School

Administration of Medicines

Policy Area	Administration of Medicines Policy
Policy Title	Health and Safety Policy
Policy Leader	Leadership team
Policy Date	February 2022
Policy Update	February 2023
Policy Review	February 2024



Frank Field
Education Trust

Social Justice through Excellence in Education

Introduction

In writing this policy, the Headteacher and Senior Leadership Team have followed the guidance the DfES guide 'Managing Medicines in Schools and Early Years Settings' and following consultation with Consultant Community Paediatricians in Cheshire and the County Medical Health and Safety Service; the County's Legal Section and the recognised trade unions and professional associations of Headteacher representatives.

Most young people will at sometime have short-term medical needs i.e. finishing a course of antibiotics. Some young people 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.

In most cases young people with medical needs can attend school and take part in normal activities 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 will need to be completed, to 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.

Equal Opportunities

At Handforth Grange, we follow the Equality Duty 2010 which states that responsible bodies for schools (including nursery schools) must not discriminate against disabled pupils in relation to their access to education. Schools are under a duty to plan strategically to increase access, over time, to schools. This should include planning for the admission of disabled pupils with medical needs. Like schools, early years settings should be making reasonable adjustments for disabled children, including those with medical needs.

Parental Responsibility

Parents/Carers have the prime responsibility for their child's health and must provide schools with all necessary information about their child's medical condition, obtaining details from the GP or paediatrician if needed. The school doctor, nurse or health visitor may also be able to provide information for staff.

Ideally it is preferable that parents/carers, or their nominee, administer medicines to their children; this could be achieved by the young person going home during a suitable break or the parent/carer visiting the school. However, on some occasions, this may not be appropriate. In such cases, parents/carers can submit a request for medicine to be administered to the young person at school. Where it is thought necessary for medicines to be administered in school, the Headteacher, members of the Senior Leadership Team and First Aiders will ensure that this school policy and guidelines are followed carefully. All staff will be made aware of the school policy and practices with respect to administering medicines.

The written request from the parent/carer, must give clear instructions regarding required dosage, timings and storage of medications. Handforth Grange's standard request form must be completed by the parent/carer on each occasion that a request is made for prescribed medicine to be administered. This request will be reviewed termly where this is a longstanding illness (See Appendix 1 for Handforth Grange request form)

School's Responsibility

There is no legal duty that requires school staff to administer medicines. However, all staff have a common law duty of care to act like any reasonable prudent parent. Where necessary, members of staff will only administer medication once they have received appropriate training and support from health professionals (e.g. managing insulin for diabetes and use of an epi-pen in case of anaphylaxis). School will ensure that there are robust systems in place to manage medicines safety.

Prescribed Medicines

The school will only accept medicines that have been prescribed by a doctor, dentist or nurse prescriber. Medicines must always be provided in the original container as dispensed by a pharmacist and include the prescribers instructions for administration. **Handforth Grange School will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosage on parent's/carer's instructions.** Ideally if medicines are prescribed in dose frequencies which enable it to be taken outside school hours, parents/carers will be encouraged to ask their prescriber about this.

Non- Prescribed Medicines

Staff will never give a non-prescribed medicine to a young person unless there is a specific prior written agreement from parents/carers which is also accompanied by a doctor's (or Health Professional's) note for medicine to be administered during school hours. For example, if a young person suffers from frequent or acute pain, or other ongoing symptoms, the parents/carers should be encouraged to refer the matter to their GP.

Staff Training and Instruction

The medicine should be brought into school by the parent/carer, or their nominee, and it must be delivered personally to and collected from an Administration Officer or lead First Aider. If a young person brings to school any medicine for which the Headteacher has not received written notification (Appendix One), the staff at the school will not be responsible for that medicine.

Only one member of staff at any one time will administer medicines to a young person (to avoid the risk of double dosing). However there may be circumstances where an additional member of staff may check doses before they are administered. Arrangements will 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). If more than one person administers medicines, the 'Record of Medicine Administered' (see appendix 2) will always be completed, and consulted, to avoid the risk of double dosing.

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

Storing Medicines

Large volumes of medicines will not be stored in school. Medicines will be stored strictly in accordance with the product instructions and in the original container in which dispensed. Staff will ensure that the supplied container is clearly labeled with the name of the young person, name and dosage of the medicine and the frequency of administration; otherwise the medication will not be accepted.

Some medicines may need to be refrigerated. These will be kept in the refrigerator in the medical room,

and clearly labeled.

All emergency medicines, i.e. asthma inhalers and adrenalin pens should be readily available to the young person and should not be locked away.

Record Keeping

Handforth Grange School will keep written records each time medicines are given and staff should complete and sign this record. (See Appendix 2). We believe that this is important as good records help demonstrate that staff have followed the agreed procedures. In Nursery and Reception, such records **must** be kept and parents/carers will be requested to sign the form to acknowledge the entry. If a young person refuses to take medicine, staff will not and should not force them to do so, but will note this in the records and then inform parents/carers of the refusal as soon as possible, and definitely on the same day.

Long-Term Medical Needs

It is vital that the school has sufficient information about the medical condition of any young person with long-term medical needs. School need to know about any particular needs before the young person attends for the first time or when they first develop a medical need. The parents/carers will be asked to provide a written Health Care Plan for such a young person, involving the relevant health professionals. Such plans will include the following:-

- Details of the young person's condition
- Special requirements i.e. dietary needs, pre-activity precautions
- Any side effects of the medicines
- What constitutes an emergency
- What action to take in an emergency
- Who to contact in an emergency
- The role staff can play

(See Appendix 3 for Health Care Plan.)

Self Management of medicines

Young people, who are able, will be supported and encouraged to take responsibility to manage their own medicines. There is no set age when this transition should be made. It is the Health professionals who need to assess, with parents/carers and the young person, the appropriate time to make this transition. This must be recorded, by the parents/carers, in the young person's Health Care Plan. If the young person can take their own medicine themselves, staff may only need to supervise the procedure.

Controlled Drugs (Controlled by the Misuse of Drugs Act)

Any nominated 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). A young person who has been prescribed a controlled drug may legally have it in their possession. 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.

Schools must keep controlled drugs in a lockable non-portable container and only named staff have access to it. A record must be kept for audit purposes.

Disposal of Medicines

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

Emergency Procedures

Individual Health Care Plans should include instructions as to how to manage a young person in the event of an emergency and identify who is the responsible member of staff, for example if there is an incident in the playground a lunchtime assistant needs to be very clear of their role.

Educational Visits

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 the individual's Health Care Plan available during the visit could be beneficial in the event of an emergency.

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

However during and Educational Visit involving a residential or overnight stay (when a parent/carer 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/carer has given consent, provided the medication, and specified the medicine on the '**Parent/Carer Consent for an Educational Visit**' form which is available in Appendix 6 of the Educational Visits and Overnight Stays' guidance note. **A young person under 16 should never be given aspirin or medications containing ibuprofen unless prescribed by a doctor.**

Circumstances Requiring Special Caution

Whilst the administration of all medicines requires caution, there are certain circumstances which require special attention before accepting responsibility for administering medicine when the parents/carers are unable to come to school themselves. These are:

- Where the timing and nature of the administration are of vital importance and where serious consequences could result if a dose is not taken;
- Where some technical or medical knowledge or expertise is required;
- Where intimate contact is necessary.

In such exceptional circumstances, the Headteacher will consider the best interests of the child as well as considering carefully what is being asked of the staff concerned. The Headteacher will seek advice from the Consultant Community Paediatrician, G.P or school doctor. There should be clear written instructions, which are agreed by the parents/carers, teachers and advisory medical staff. The Medical Professionals must confirm that non-nursing staff can administer such medicines and what training is necessary and by whom. Clear records should be kept of any medication administered in school and parents/carers should be informed whenever a child is given such medication, which is not part of a regular regime.

Invasive Procedures

Some children require types of treatment such as the administration of rectal valium, assistance with catheters or the use of equipment for young people with tracheotomies. Only staff who have been appropriately trained are to administer such treatment. This must be in accordance with instructions issued by the paediatrician or G.P. Training in invasive procedures should be conducted by qualified medical personnel e.g. School Nurse, or Specialist Nurse. For the protection of both staff and young people a second member of staff must be present while more intimate procedures followed.

Where it is known in advance that a young person may be vulnerable to life-threatening circumstances the school should have in place an agreed Health Care Plan. This should include the holding of appropriate medication and appropriate training of those members of staff required to carry out the particular medical procedures.

Whether or not Headteachers agree to administer medication or other treatment, the school should devise an emergency action plan for such situations after liaising with the appropriate community paediatrician or Specialist Nurse etc. This has implications for school journeys, educational visits and other out of school activities. There may be occasions when individual young people have to be excluded from certain activities if appropriate safeguards cannot be guaranteed.

Guidance for Teachers on Parental Consent for Medical Treatment

In general a competent young person may give consent to any surgical medical or dental treatment. For younger pupils parental consent does not constitute a problem in the vast majority of cases. Sometimes a member of staff does meet the problem of a young person belonging to a religious body, which repudiates medical treatment. Normally the parent/carer will make the decision and this should be regarded as the most desirable course of action. However, the problem could be urgent or the parent/carer unavailable. Parents/carers who have specific beliefs which have implications for medical treatment should make their views and wishes known to the school so that the consequences of their beliefs can be discussed and, if possible, accommodated. In an emergency a member of staff would have recourse to ordinary medical treatment.

If a young person is being taken on a school journey where medical treatment may be needed and the parent/carer is not prepared to give written instructions and an indemnity on the subject of medical treatment, the school might decide that the young person should not go on the journey, harsh as this may appear to be.

If a member of staff undertakes responsibility for administering medicines and a young person were to have an adverse reaction, in the event of a claim by the parent/carer then the Trust will indemnify the member of staff concerned, subject to legal liability being established, and if he/she has reasonably applied this policy.

COMMON CONDITIONS AND PRACTICAL ADVICE

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

Asthma is common; one in ten young people have asthma in the UK.

HOW TO RECOGNISE AN ASTHMA ATTACK

The signs of an asthma attack are

- Persistent cough (when at rest)
- A wheezing sound coming from the chest (when at rest)
- Difficulty breathing (the child could be breathing fast and with effort, using all accessory muscles in the upper body)
- Nasal flaring
- Unable to talk or complete sentences. Some children will go very quiet.
- May try to tell you that their chest 'feels tight' (younger children may express this as tummy ache)

CALL AN AMBULANCE IMMEDIATELY AND COMMENCE THE ASTHMA ATTACK PROCEDURE WITHOUT DELAY IF THE CHILD:

- Appears exhausted
- Has a blue/white tinge around lips
- Is going blue
- Has collapsed

WHAT TO DO IN THE EVENT OF AN ASTHMA ATTACK

- Keep calm and reassure the child
- Encourage the child to sit up and slightly forward
- Use the child's own inhaler – if not available, use the emergency inhaler
- Remain with the child while the inhaler and spacer are brought to them
- Immediately help the child to take two separate puffs of salbutamol via the spacer
- If there is no immediate improvement, continue to give two puffs at a time every two minutes, up to a maximum of 10 puffs
- Stay calm and reassure the child. Stay with the child until they feel better. The child can return to school activities when they feel better
- If the child does not feel better or you are worried at ANYTIME before you have reached 10 puffs, CALL 999 FOR AN AMBULANCE. The child's parents or carers should be contacted after the ambulance has been called.
- If an ambulance does not arrive in 10 minutes give another 10 puffs in the same way
- A member of staff should always accompany a child taken to hospital by ambulance and stay with them until a parent or carer arrives.

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. **This should be supported by written asthma information, within the individual Health Care Plans, and training and support for staff.**

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 persons 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.

From 1st October 2014 the Human Medicines (Amendment) (No. 2) Regulations 2014 allows schools to buy salbutamol inhalers, without a prescription, for use in emergencies. Keeping an inhaler for emergency could prevent an unnecessary and traumatic trip to hospital for a child, and potentially save their life.

For this reason, Handforth Grange has purchased 2 spare inhalers and 2 spacers for emergency use only from a pharmacy. These inhalers should only be used by children, with written parental consent for use of the emergency inhaler, who have either been diagnosed with asthma and prescribed an inhaler, or who have been prescribed an inhaler as reliever medication.

The spare emergency inhaler will only be used if the pupil's prescribed inhaler is not available (for example, because it is broken, or empty). They will be stored within the First Aid Room along with a register of children in the school that have been diagnosed with asthma or prescribed a reliever inhaler and have parental consent to use the spare inhalers in an emergency.

If the spare inhaler is used, a record of its use will be kept on record of medicines administered form and the child's parents or carers will be informed that their child has used the emergency inhaler. Suzanne Macdonald (the Lead First Aider) is responsible for overseeing the protocol for use of the emergency inhaler, and monitoring its implementation and for maintaining the asthma register.

The administration officer and Lead First Aider have responsibility to check on a monthly basis that the inhalers and spacers are present and in working order, that replacement inhalers are obtained when expiry dates approach; that replacement spacers are purchased following use; and the plastic inhaler housing (which holds the canister) has been cleaned, dried and returned to storage following use.

Epilepsy

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.

Seizures can take many different forms. Parents/Carers 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.

If a young person experiences a seizure in school the following details should be recorded and relayed to the parents/carers.

- 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.

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 or working in science laboratories. Such concerns regarding safety of the young person should be covered in the Health Care Plan.

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:

Diabetes

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).

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'/carers' attention.

Diabetes is mainly controlled by insulin injections with 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 can manage their injections but supervision and a suitable private place to administer the injection, at school, may be required.

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.

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.

The following symptoms, individually or combined, may be signs of low blood sugar – a **hypoglycaemic** reaction: i.e. hunger, sweating, drowsiness, pallor, glazed eyes, shaking or trembling, lack of concentration, mood swings or headache. Some young people may experience **hyperglycaemic** (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

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 fruit i.e kiwi fruit and also penicillin, latex or stinging insects (bees, wasps or hornets).

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.

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.**

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.

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.

Parents/Carers may often ask for the Headteachers 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.

Anaphylaxis is manageable. With sound precautionary measures and support from the staff, school life may continue as normal for all concerned. The school operates a nut free kitchen and parents/carers are asked to provide nut free lunch boxes and snacks.

WHEN AN AMBULANCE IS CALLED, IN THE CASE OF ANY INCIDENCE OR ACCIDENT, ONE PERSON WILL BE IN CHARGE AND THEY WILL DIRECT THE AMBULANCE TO THE RELEVANT LOCATION.

RELATED PUBLICATIONS

DfES Publication
'Managing Medicines in Schools and Early Years Settings'.
Asthma UK

APPENDIX ONE



Handforth Grange Primary School

REQUEST FOR THE SCHOOL TO GIVE MEDICATION

I request that (Full name of Pupil) be given the following medicine(s) while at school:

Date of Birth Group/class/form

Medical condition or illness.....

Name/type of Medicine(as described on container)

Expiry date..... Duration of course.....

Dosage and method Time(s) to be given.....

Other instructions (including storage).....

Self administration Yes/No (mark as appropriate)

The above medication has been prescribed by the family or hospital doctor (Health Professional note received as appropriate). It is clearly labelled indicating contents, dosage and child's name in FULL.

Name and telephone number of GP

I understand that I must deliver the medicine personally to and collect from the School Office and accept that this is a service that the school/setting is not obliged to undertake. I understand that I must notify the school/setting of any changes in writing.

SignedPrint Name(Parent/Carer)

Note to parents/carers:

- 1. Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that it has been prescribed by a medical practitioner (e.g. Doctor/Dentist). Therefore NO over the counter or chemist bought medicines will be given.**

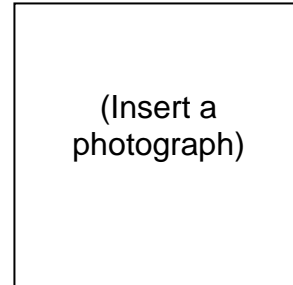
2. Medicines must be in the original container as dispensed by the Pharmacy.
3. It remains the sole responsibility of the parents/carers for ensuring that medication in school is fit for purpose (e.g. before its expiration date).
4. The agreement will be reviewed on a termly basis.
5. The Governors and Headteacher reserve the right to withdraw this service



Handforth Grange Primary School

APPENDIX THREE

INDIVIDUAL HEALTH CARE PLAN



SCHOOL

Young person's name

Date of birthGroup/class/form

Young person's address

Medical diagnosis or condition

DateReview date

Family Contact Information

NamePhone no. (work)

(home)..... (mobile)

Name Phone no. (work)

(home)..... (mobile)

Clinic/Hospital Contact

Name Phone no.

G.P Name..... Phone no.

Describe needs and give details of young person's symptoms (including frequency of symptoms and contributing factors).

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Medicines – complete Appendix One if to be administered in school

Medicines to be located:

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Storage Instructions:

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.....

Daily care requirements (e.g. before sport/at lunchtime).

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.....

Describe what constitutes an emergency for the child, and the action to take if this occurs.

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Follow up care (including additional dosage of medication to be administered, if appropriate).

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Handforth Grange Primary School

REQUEST FOR THE SCHOOL TO GIVE A SPARE INHALER IN CASE OF AN EMERGENCY

I request that (Full name of Pupil) be given a school-provided salbutamol inhaler in an emergency:

Date of Birth Class

I can confirm that my child has been diagnosed with asthma and prescribed an inhaler, or has been prescribed an inhaler as reliever medication by a medical professional.

I understand that the school will provide a salbutamol inhaler and spacer if it is an emergency and my child's own inhaler is not available, has run out or is broken.

If my child no longer needs an inhaler, I will inform the school so they can remove them from the register of those allowed to access the emergency inhaler.

SignedPrint Name(Parent/Carer)

Note to parents/carers:

1. If the emergency inhaler is used by your child, you will be informed by a member of staff
2. The agreement will be reviewed regularly.
3. The Governors and Headteacher reserve the right to withdraw this service