

002 Administration of Medicines

Responsibility: DC

Date: June 2017

Next Review: June 2018

The School Governors have adopted the local authority policy on Medical Needs and associated appendices. This is in line with:

- Section 100 Children and Families Act (2014)
- DfE statutory guidance Supporting pupils at schools with medical conditions (2016)

Copies of this full policy are kept in Executive Headteacher's PA's office. The full Kirklees document is a very full document, therefore for general staff use details have been set out below of the key responsibilities.

The Governors, Executive Headteacher and staff of Holmfirth High School wish to ensure that pupils with medical needs receive care and support in school. Pupils should not be denied access to a broad and balanced curriculum simply because they are on medication or need medical support, nor should they be denied access to school trips etc.

We have reflected on the Kirklees ChYPS policy and guidance Managing Medical Conditions or Needs and Medication and also the DfE policy, and outline below the detailed arrangements for implementing the policy in our school.

The Executive Headteacher accepts responsibility for members of staff giving or supervising pupils taking medication or carrying out procedures during the school day where those members of staff have volunteered to do so. He will ensure that members of staff receive adequate information, instruction and training to ensure their competency to carry out their roles safely and effectively.

The acceptance of this responsibility is within the context of the previously mentioned policy. The Executive Headteacher, or his delegate, will consider, in each case, the nature of the medication to be administered, any potential risks and all other relevant information before deciding in a particular case that medicine can be administered. Where there is concern that the child's needs cannot be met, the Executive Headteacher will seek further advice from medical professionals and appropriate LA Officers.

The Executive Headteacher will ensure that appropriate aspects of this policy and guidance are communicated to all relevant parties including staff, parents, and children. The policy is available to all parents through the school VLE, although a hard copy is available on request to those parents of pupils who have a medical care plan. The sharing of the policy with new staff is part of the induction programme. All staff should have an understanding of the common medical conditions or needs that affect children and understand the importance of protecting the dignity of pupils.

In the initial September staff meeting, staff working with children are verbally updated on medical issues surrounding new pupils, and the information is available electronically, a paper copy goes in the staff room, to HOYs, relevant departments and the Kitchen, other staff can access it on SIMS and the shared area lists all children with medical needs and any appropriate help strategies. Heads of Year are responsible for disseminating this information. Every October, the School Based Specialist Nurse updates staff on general medical issues, concerns pertaining to individual pupils and provides training to ensure staff are well prepared to deal with medical emergencies. Cover/temporary staff should be

briefed as required by their HoD.

Roles and responsibilities

Roles and responsibilities will be in accordance with the previously mentioned policy. We have set out school duties briefly below:

The designated person with responsibility for children with medical needs is The school's Welfare Officer. Their role is outlined as follows:

- Ensuring all information on the medical needs of children is kept secure, and up to date, in the SIMS database.
- Administration of medicines as agreed with parents/families, and the maintenance of necessary records.
- Safe, correct storage and disposal of medicines
- Communication, with parents, to ensure adequate supplies of medicines in school.
- Communication with parents to ensure that parents have completed the necessary authorisation forms, and the record keeping.
- Assist, as necessary with pupil self-administration of medicines.
- Co-ordinate with the CPD manager, the necessary training of staff in all related matters, and the maintenance of training records.
- Checking of the lists of pupils attending offsite activities and the liaison between home and the teacher in charge of the activity, to ensure that staff are prepared to deal with any necessary medical need or issue.

Other staff members have been trained in first aid provision and their duties are to cover for the Welfare Officer in her short-term absence with:

- Administration of medicines as agreed with parents/families, and the maintenance of necessary records

In the longer term absence of the school's Welfare Officer, the school's Child and Family Specialist Nurse would assume all responsibilities listed above.

All staff have a responsibility to:

- Be aware of the potential triggers, signs and symptoms of common medical conditions or needs and know what to do in an emergency
- Understand the school medical needs policy
- Know which children in their care have a medical condition or need - this information is available in SIMS but the school's Welfare Officer publishes each October a medical register featuring more detailed information regarding medical care plans. All staff must familiarise themselves with this.
- Allow all children where appropriate to have immediate access to their emergency medication.
- Maintain effective communication with parents including informing them if their child has been unwell.
- Ensure children who carry their medication with them have it with them at all times including

off site visits or where they may be relocated to another part of the school.

- Be aware of children with medical conditions or needs who may be experiencing bullying or need extra social support.
- Understand the common medical conditions or needs and the impact it can have on children (children should not be forced to take part in any activity if they feel unwell).
- Ensure all children with medical conditions or needs are not excluded unnecessarily from activities they wish to take part in.
- Ensure children have the appropriate medication or food with them during any exercise and are allowed to take it when needed.
- Attend the annual staff medical update sessions in September and October each year.

Detailed organisation/arrangements

The arrangements and detailed procedures are set out in the main policy document. We have detailed the school arrangements briefly below.

1. Administration of Medication

a) Emergency Medication

- All pupils with medical conditions or needs and staff who administer it have **easy access to their emergency medication.**
- Children who do not carry and administer their own emergency medication know where their medication is stored and how to access it.
- Children who do not carry and administer their own emergency medication understand the arrangements for a member of staff (and the reserve member of staff) to assist in helping them take their medication safely.

b) Non-Emergency Medication

- All use of medication defined as a controlled drug, even if the child can administer the medication themselves, is done under the supervision of a named member of staff.
- This school understands the importance of medication being taken as prescribed.
- Many members of staff are happy to take on the voluntary role of administering medication. For medication where no specific training is necessary, any member of staff may administer prescribed and non-prescribed medication to children under the age of 16, but only with the written consent of the pupil's parent and information being available on dosage, timings etc.
- Training is given to all staff members who agree to administer medication, where specific training is needed.
- All staff have been informed through training that they are required, under common law duty of care, to act like any reasonably prudent parent in an emergency situation. This may include taking action such as administering medication.
- If a child refuses their medication, staff record this and follow procedures set down in the healthcare plan. Parents are informed as soon as possible.
- All staff attending off-site visits are aware of any child with medical conditions or needs on the visit. They receive information about the type of condition, what to do in an emergency and any other additional support necessary, including any additional medication or equipment needed.

Information regarding this is obtained from The school's Welfare Officer.

- If a child misuses medication, their own or another child's, their parents are informed as soon as possible. These children are subject to the schools usual disciplinary procedures.

2. Storage of Medication

a) Emergency Medication

- Emergency medication is readily available to children and/or staff required to administer it at all times during the day or at off-site activities. If the emergency medication is a controlled drug and it will be kept in a locked cupboard in the medical room.
- Subject to risk assessment by the school, children may carry and administer their own emergency medication, when their parents and health specialists determine they are able to start taking responsibility for their condition. Where this is appropriate they must carry their emergency medication with them at all times, except if they are controlled drugs.
- Children at this school are reminded to carry their emergency medication with them. **It is though the responsibility of parents to ensure that children and the school have adequate supplies of in-date medication.**
- Children whose healthcare professionals and parents advise the school that their child is not yet able, subject to their age or understanding to self-manage and carry their own emergency medication, know exactly where to access their emergency medication
- Staff should make themselves aware of where emergency medication is stored and how to access it in order to support an emergency situation in the absence of the school's Welfare Officer or reception staff

b) Non-Emergency Medication

- All non-emergency medication is kept securely in a lockable cupboard in the medical room. Children with medical conditions or needs know where their medication is stored and how to access it.
- Staff ensure that medication is only accessible to those for whom it is prescribed.

c) Safe storage – general

- The school's Welfare Officer is the identified member of staff who ensures the correct storage of medication at school.
- Medicines are locked away in clearly identified cupboards and refrigerator in the Medical Room – keys are held by the Welfare Officer and Receptionist. In an after school situation keys for the medical cupboards are located in the medical room. The medical room is locked with a master key, staff have a responsibility to familiarise themselves with this room.

d) Safe Disposal

- Parents have a responsibility to collect out-of-date medication and at the end of each school year.
- The school's Welfare Officer is responsible for checking the dates of stored medication. This check is carried out regularly and always documented.
- Sharps boxes, used for the disposal of needles, are located in the medical room, along with a container for blood contaminated materials and medical waste. Collection of these items is arranged by the school's Welfare Officer through the Council.

3. Record keeping

- Annual enrolment forms completed by parents identify any health conditions or needs.
- Healthcare Plans are used to record important details about individual children's medical needs at school, their triggers, signs, symptoms, medication and other treatments.
- For children with more complex medical conditions or needs and/or life threatening conditions or needs, an Individual Healthcare Plan (IHCP) or Educational Health and Care Plan (EHCP) must be drawn up together with parents and other representatives (as appropriate). Parents are expected to provide information from the child's GP and/or consultant. It may be appropriate for the school to have a healthcare professional e.g. the school nurse or other representatives e.g. school caterer, if required, to help draw up the Healthcare Plan or have a role in managing the child's condition.
- If a child has a short-term medical condition that requires medication during school hours, a medication form must be completed by the parents.
- Healthcare Plans are kept in a centralised Health Care Plan Register of children with medical needs located in the medical room. The school's Welfare Officer has responsibility for this register, the completion of the healthcare plans and the dissemination of the appropriate information to other staff.
- Limited information regarding pupils health needs is available through SIMS; all staff including new staff and supply teachers have a responsibility to check the health needs of pupils for whom they have a responsibility.
- Permission is sought by the school's Welfare Officer from the child and parents before sharing any medical information with any other party e.g. volunteers, or participants on a residential visit.
- The purpose of the EHC plan is used where there is a need for SEN provision in order for the special needs of the child to be met to secure the best possible outcomes across education, health and social care. For children with SEN this guidance should be read in conjunction with the SEND Code of Practice 2015

4. Consent to administer medicines

- A medication request form must be completed and is required from parents for children taking short courses of medication that cannot be given to the child outside attendance at school. Unless a health care plan is in place it may be necessary for the parent to complete a medicine request form until the child has finished the course of medication or recovers from their illness.
- If a child requires regular prescribed medication parents are asked to provide consent on their child's Healthcare Plan giving the child or staff permission to administer medication on a regular/daily basis, if required.
- All parents of children with a medical condition who may require medication in an emergency are asked to provide consent on the Healthcare Plan for staff to administer medication
- If a child requires regular/daily help in administering their medication then the school outlines the arrangements to administer this medication on the child's Healthcare Plan.

5. Residential visits

- Parents are sent a medical form prior to any residential which is to be completed and returned to the school in good time. This form requests details about the child's condition and their overall health. This provides essential and up-to-date information to relevant staff and visit support staff to help the child manage their condition while they are away. This includes

information about medication not normally administered by the school. Staff organizing trips involving children with medical needs may wish to request re-training regarding any specific condition or pupil. This request should initially be submitted to the school's Child & Family Specialist Nurse.

- All medical forms are taken by the relevant staff member on visits and for all off- site activities where medication is required. These are accompanied by a copy of the child's Healthcare Plan.
- All parents of children with a medical condition attending an offsite visit or overnight visit are asked for consent, giving staff permission to administer medication at night or in the morning if required.
- The medical form also details what medication and what dose the child is currently taking at different times of the day. It helps to provide up-to-date information to relevant staff and supervisors to help the child manage their condition while they are away.
- It is essential a check is made to ensure children have their medication including inhalers with them before the party leaves the school.
- It is considered good practice to record any medication administered to the child during the residential. This record can then be given to the child's parents on return.
- Risk assessments are carried out prior to any out-of-school visit and medical conditions or needs are considered during this process. A personal or individual risk assessment is carried out where appropriate. Factors we consider include: how all pupils will be able to access the activities proposed how routine and emergency medication will be stored and administered, and where help can be obtained in an emergency. Further advice can be obtained for the Educational Visits Advisor.
- This school understands that there may be additional medication, equipment or other factors to consider when planning residential visits. This school considers additional medication and facilities that are normally available at school.
- For journeys abroad and exchange visits it is advisable to have one copy of the parental consent form in the language of the country visited. Where a pupil requires and has a particular medical action plan, this should also be available in the host language. This is particularly important if pupils stay with host families during an exchange visit.

6. Work experience or off-site educational placements

- Risk assessments are carried out before pupils start any work experience or off-site educational placement. These should be shared with the parents. It is this school's responsibility to ensure that the placement is suitable, including travel to and from the venue for the pupil. Permission is sought from the pupil and their parents before any medical information is shared with an employer or other education provider.
- Equally there is a responsibility on the provider to undertake a risk assessment to identify significant risks and necessary control measures when children/young people are on site.

7. Emergency procedures

- If in doubt, staff are advised to contact emergency services directly with the information as listed on form one– Contacting Emergency Services.
- Staff are to seek emergency support through contact with SLT support, or more likely direct contact with The school's Welfare Officer.
- Whilst waiting for help the member of staff should move other children away from the scene as appropriate.

- If the casualty is fitting the staff present should try and ensure that objects around the casualty which could cause injury are removed.
- If the casualty is unconscious they should be placed in the recovery position, ensuring that tight collars are loosened to aid breathing.
- If a hospital visit is necessary, then the school's Welfare Officer, or her delegate, will accompany the child until such a time as parents arrive.
- Generally, staff should not take pupils to hospital in their own car.
- The school has defibrillators on site, staff should familiarise themselves with the location, ambulance services are notified of the location. First Aiders may be required to use these.
- Emergency inhalers for asthma are located in the medical room. Parental consent is required for the use of these, this is recorded in the child's IHCP. If used a parent notification letter should be sent home.

8. Exercise and physical activity

- Teachers and sports coaches are aware of children in their care who have been advised to avoid or to take special precautions with particular activities.
- This school ensures all PE teachers, classroom teachers and school sports coaches, youth workers, etc are aware of the potential triggers for children's' medical conditions or needs when exercising and how to minimise these triggers.
- This school ensures all children have the appropriate medication or food with them during physical activity and that children take them when needed.
- Children with medical needs have access to extended school activities as other pupils where reasonable adjustments have been made.
- Medic alert necklaces or bracelets are worn to alert others of a specific medical condition in case of an emergency. As these items can be a source of potential injury in games or practical activities, staff should consider whether, in certain circumstances, it would be appropriate to remove them temporarily and have them kept safe by the person in charge of the activity. In such cases, staff need to be alert to the significance of these bracelets/necklaces and be clear to whom they belong when removing and taking charge of them.

Further information can be found in the full Kirklees policy – copies of which can be found with the Executive Headteacher's PA and on the school website, but below please find a list of appendices from that policy:

- 1 Commonly used forms
- 2 Information on Drawing up Healthcare Plans and Healthcare Plan template
- 3 Information on Common Acute Conditions and Action to be taken in an emergency
- 4 Information leaflets for parents
- 5 Kirklees Council Catering Services Policy and Procedures for Food Allergies and Food Intolerances

Appendix one: Anaphylaxis and Anapens

Introduction

Anaphylaxis is an acute, severe allergic reaction (the extreme end of the allergic spectrum), needing immediate medical attention. It is triggered by a variety of 'allergens', most commonly, foods (especially peanuts, nuts, eggs, cow's milk, shellfish), certain drugs such as penicillin, substances, e.g. latex and the venom of stinging insects (such as bees, wasps or hornets).

The whole body is affected, usually within minutes of exposure to the allergen but sometimes within hours.

Anaphylaxis and Schools

- Hundreds of children at risk of anaphylaxis are happily accommodated in mainstream schools, thanks to good communication and understanding between parents, schools and health professionals.
- Anaphylaxis is rare ... severe reactions are rarer still.

Symptoms

Occur within minutes and may include:

- Itching/strange metallic taste in mouth.
- Swelling of throat, tongue.
- Difficulty in swallowing.
- Hives – anywhere on the body (like nettle rash).
- Generalised flushing of the skin.
- Abdominal cramps, nausea and vomiting.
- Increased heart rate.
- Sudden feeling of weakness or floppiness.
- Sense of doom.
- Difficulty in breathing; due to severe asthma/throat swelling.
- Collapse and unconsciousness.

Not all symptoms need to be present, or even at the same time.

Treatment

Emergency treatment of severe reactions:

- Give adrenaline (epipen) injection as soon as a serious reaction is suspected. The school holds a list of people who would be willing to administer the pen in emergency (please see point 7).
- Call an ambulance.
- If there is no improvement in 5 minutes, give second injection.

What is an Epipen/Anapen?

- Looks like a pen.
- Contains a needle.
- Preloaded with the correct dose of adrenaline.
- Used to treat anaphylaxis.
- If in doubt, better to give than to hold back, it will not harm the child.
- Epipens and Anapens should be accompanied by a health care plan. Consideration should be given to school dinners and parent's need to meet with kitchen staff

One pen will be located with the pupil and a second pen will be located in the Welfare Office. Once the expiry date of the epipen has been reached it is the responsibility of the parent to provide a new epipen. If this is not forthcoming, a standard letter will be issued informing the parent that the school will not accept responsibility for the safety of their child if an up-to-date epipen is not provided

How to use an EpiPen

- Remove grey safety cap.
- Place black tip on outer thigh, on top of clothing.
- Push hard until you hear the click, hold in place for 10 seconds.
- Remove epiPen from thigh. Note protruding needle. Dispose of correctly.
- If accidentally injected into hand, seek medical attention.

How to use an Anapen

- Remove both black caps.
- Place black tip on outer thigh, on top of clothing.
- Push the red firing button and hold in place for 10 seconds
- Dispose of correctly.
- If accidentally injected into hand, seek medical attention.

Allergen Avoidance

- Know which pupils have anaphylaxis
- Know where epiPens are located
- Be aware of the allergens and risk assess
- Careful consideration should be given to special factors:
 - School trips
 - Food technology lessons
 - Science experiments
 - School pets, bird tables
 - School dinners

Advice on Administration of Drugs to Children. The Legal Position:

- Kirklees LA insures the actions of staff who act within the scope of their employment. Staff who volunteer to assist with the administration of medications will be covered under this insurance.
- It is the parent's responsibility to ensure that health plans and epiPens/anapens are up to date. Advice from medical personnel would be for a member of staff to administer the epiPen/anapen only if it belonged to the child having the attack, and was not out of date.
- Staff will find that except on educational visits, it would be very rare that they would be required to administer an epiPen/anapen, as named, trained, first aiders would be involved.
- Staff should access training once a year.