

Huncote Community Primary School Academy Trust



Medication Policy & Management Procedures

2015 - 2018

Statutory Policy

This document is produced in conjunction with the Leicestershire Partnership Trusts. We would like to acknowledge input from professional bodies and services with Leicestershire County, City and Rutland. We would also draw your attention to the appendices listed on the Schools EIS for access and information relating to Individual Care Plans and specific medical needs/conditions. This document is revised in line with the current Department for Education 'Supporting pupils at School with medical conditions' 2014, which replaces the previous Managing medicines in Schools and Early Years settings 2005.

MEDICATION POLICY

The Governing Body and staff of **Huncote Community Primary School Academy Trust** wish to ensure that pupils with medication needs receive appropriate care and support at School. The Head Teacher will accept responsibility for members of the school staff giving or supervising pupils taking prescribed medication during the School day. Any staff who agree to administer medicines to pupils in school do so on an entirely voluntary basis: there is no obligation on staff to volunteer to administer medicines. The Governors of Huncote Community Primary School acknowledge that staff who do agree to administer medicines are acting within the scope of their employment. It must be stressed that where prescription drugs are administered it shall be by those members of staff that have volunteered unless medically trained staff are employed at the site. It should **not** automatically be assumed that a qualified First Aider will fulfil this role. Where possible, pupils should be encouraged to self-administer under supervision.

Prescribed Medicines

It is agreed that:

- Staff will not give a prescribed medicine unless there is specific written consent from parents.
- An individual care plan should be drawn up for pupils with long term more complex medication needs – see appendix B - Individual Health Care Plan
- A secondary check must be made prior to medication being taken / given.
- The School will not accept items of medication in unlabelled containers.

Non-prescription Medicines

The school is unable to hold or administer non-prescription medication. Non-prescription medication must not be carried by pupils and if it is needed, can be administered under parental supervision at an agreed time. The two exceptions to this would be:

- **Post operative care** - if there was a medical/ hospital letter to say a child requires non-prescribed medication e.g. after an operation. In this instance the parent would also need to give specific written consent.
- **Educational visits** - During residential trips, we will give medication both prescribed/non-prescribed e.g. travel sickness tablets. Parents will need to sign a form to give permission for staff to give the medication at any point during the residential visit.

PROCEDURES

- Long term, more complex medication needs - In the first instance, the Head Teacher should be informed of an individual's diagnosis and prescription medication. Appendix B (Individual Health Care Plan) will be completed by the parents in conjunction with the school in addition to appendix A (consent plan)
- In the case of simple, short term medication needs e.g. antibiotics - An appropriate volunteer will meet and discuss the issues with the parents/guardian of the pupil. Appendix A will be completed (consent plan)
- The member of staff volunteering will be offered professional training and support in relation to the needs of the individual by a suitably competent person. (This training maybe by a qualified trained nurse)
- There will be regular review meetings scheduled to monitor the support required.

RESPONSIBILITIES

Parents/Guardian Responsibility

- A comprehensive information guide specifically relating to the pupil's condition and medication must be recorded.
- Only reasonable quantities of medication should be supplied to the School (eg, maximum 4 weeks at any one time)
- Where pupils travel on School transport with an escort, Parents/Guardian should ensure that the escort has a copy of written instructions relating to medication of the individual.
- Notification of changes in prescription drug issued by GP must be directly given to School by Parent/Guardian.
- Parent/Guardian to collect from School, check the date of and restock medication on a regular basis. Medication should be in a secure labelled container as originally dispensed.
- Any medical problems must be highlighted by parent / carers prior to their child's participation in an educational visit.

School Responsibility

- Medication will be kept in a known safe secure place (not necessarily locked away) and some drugs may require refrigeration.
- Where emergency medication is prescribed this must remain with the pupil at all times. e.g. EpiPen, Asthma inhalers
- Maintain and record dosage prescribed/administered.
- Identify if additional training needs are required for staff. Source and arrange training whenever/wherever possible/viable.
- Locate and record care plan for individual identifying supporting staff.
- **If a medical emergency develops, activate the relevant procedures and call 999**
- **Refusing Medication** - If a pupil refuses to take the medication, staff will not force them to do so, but will record this in their care plan and will ensure that parents are informed that day.
- **School trips** - The school follows good practice by encouraging pupils with medical needs to participate safely in all educational and residential visits. To ensure the medical needs of pupils are met, group leaders will need to check care plans prior to the trip. Any particular needs for a specific child should be written on the risk assessment. Medicines should be taken in a box and carried in the child's group. If staff are concerned about whether they can provide for a child's safety, they should seek parental views or medical advice from the school nurse. In special circumstances, parents can be asked if they would like to join the trip.

G.P/Consultant/Medical Professional Responsibility

Prescriptive labelled drugs must contain:

- Pupils name
- Name of medication
- Dosage
- Frequency of administration
- Date of dispensing
- Storage requirements (if important) ie, refrigeration
- Expiry Date

Infectious Illnesses

The school will follow national and local advice from agencies such as Public Health England about outbreaks of infectious illnesses. (See appendix F – Information for parents)

This document has been reviewed in line with current up to date legislation and with the support of the Leicestershire partnership groups / healthcare professionals – August 2014.

Head Teacher

Chair of Governors

Date: _____

Date: _____

An annual review of this policy is required.

Review Date: March 2016

List below is the information included on subsequent pages of this policy:

Appendix A General Care Plan Consent form	Page 5
Form 1 – administration of medicines	Page 6
Appendix B – Individual Health Care Plan –form	Pages 7 & 8
Information re IHCP	Pages 9 &10
Advice on Medical conditions	Page 11
Appendix F – Information for Parents	Page 12
List of appendices and when they should be used - appendices are listed as referenced on the Schools EIS system under ‘A’ for administration of medicines	Page 13
Form 2 : Model letter inviting parents to contribute to Individual Health care Plan Development	Page 14

Appendix A - General Care Plan - Parent/Guardian/Carer - CONSENT FORM

To: Headteacher of Huncote Community Primary School Academy Trust

From: Parent/Guardian of _____ (Full Name of Child)

DOB: __/__/____ Class _____

- My child has been diagnosed as having: _____ (name of condition)
- He/She has been considered fit for school but requires the following prescribed medicine to be administered during school hours: _____ (name of medication)
- I consent/do not consent for my child to carry out self administration (delete as appropriate)
- Could you please therefore administer the medication as indicated above
_____ dosage) at _____ (timed) _____ (intervals) Strength of medication: _____
with effect from _____ (date) until advised otherwise.

The medicine should be administered by mouth/in the ear/nasally/other _____ (delete as applicable)

- I consent/do not consent for my child to carry the medication upon themselves (delete as appropriate)
- I undertake to update the school with any changes in medication routine use or dosage.
- I undertake to maintain an 'in date' supply of the prescribed medication.
- I understand that the school cannot undertake to monitor the use of self administered medication carried by the child and that the school is not responsible for any loss of/or damage to any medication.
- I understand that if I do not allow my child to carry the medication it will be stored by the School and administered by staff with the exception of emergency medication which will be near the child at all times
- I understand that staff will be acting in the best interests of _____ (Childs Name) whilst administering medicines to him/her.

Signed: _____ Date: _____

Name of parent (please print) _____
Contact Details:

Home _____ Work: _____ Mobile: _____

Headteacher (PRINT NAME): Mrs R Cumberlidge

or Healthcare – Social care Professional: _____

**APPENDIX B – INDIVIDUAL HEALTH CARE PLAN
(COMPLETED IN SCHOOL WITH PARENTS AND SCHOOL STAFF)**

Child Details

School:	Huncote Community Primary School Academy Trust	
Child's Name:	_____	Date of Birth: _____
Home Address:	_____ _____ _____	
Medical Diagnosis / Condition:	_____ _____	
Date:	_____	Review Date: _____

Family Contact Information

	<u>Contact 1</u>	<u>Contact 2</u>
Name	_____	_____
Relationship to child	_____	_____
Phone (work)	_____	_____
(home)	_____	_____
(mobile)	_____	_____

Clinic / Hospital Contact

Name	_____
Phone	_____

GP

Name	_____
Phone	_____

Person Responsible for Providing Support in School

Name	_____
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APPENDIX B – INDIVIDUAL HEALTH CARE PLAN - PAGE 2/2

Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues, etc.

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips, etc.

Other information

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

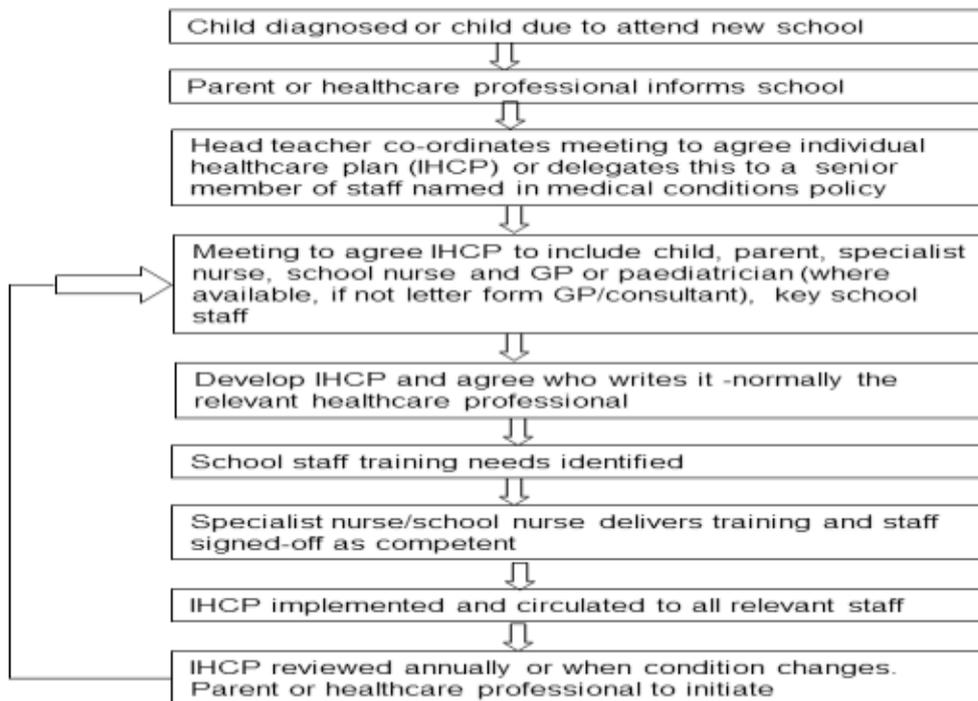
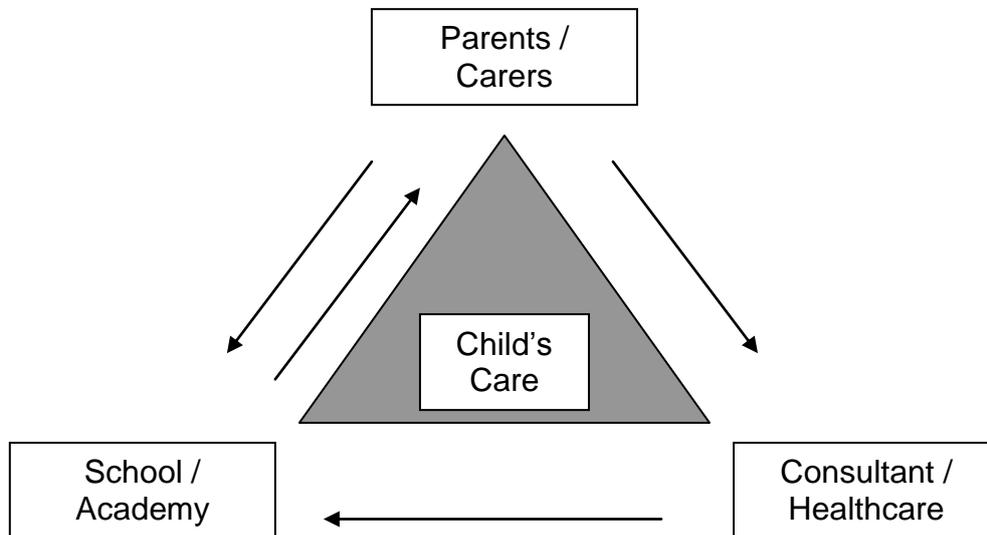
Who is responsible in an emergency? (*state if different for off-site activities*)

Plan developed with

Staff training needed / undertaken – who, what, when

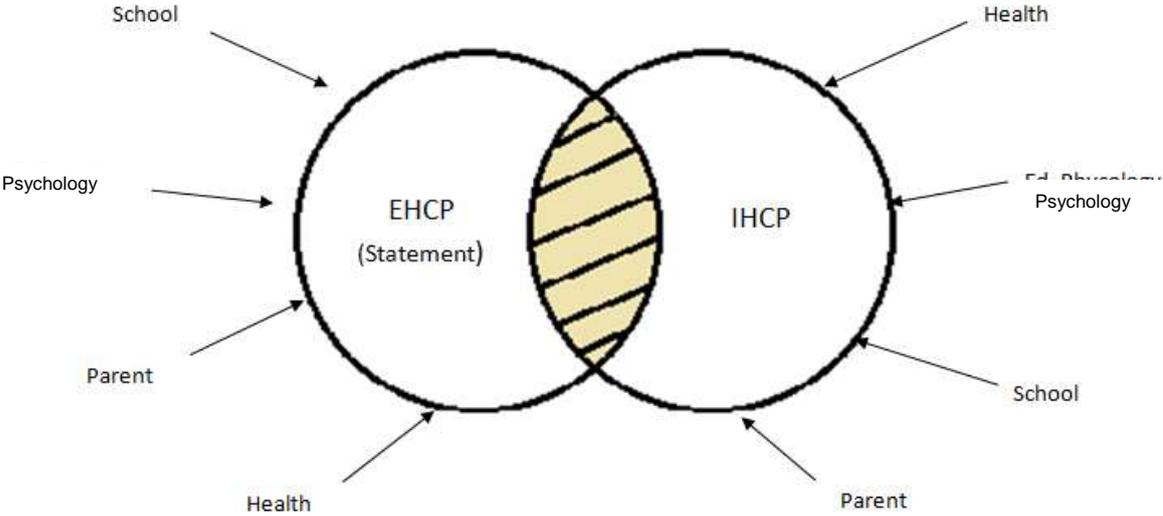
Form copied to

Individual Health Care Plan (IHCP) = Specific information on individual pupil requirements. Written recorded plan will ensure that their needs are met whilst in school and any treatment needed to be administered by members of staff will be fully understood. Plan to be agreed by Head teacher and parents. This must be formally recorded and reviewed at regular intervals. It is the parents' responsibility to inform school of any change in the medical needs of their child.



Some children with medical conditions may have physical disabilities. Where this is the case governing bodies **MUST** comply with their duties under the Equality Act 2010. Some may have special educational needs (SEN) and may have a statement or Education Health Care plan which will bring together health and social care needs, as well their special educational provision.

Educational Health Care Plan



EHCP
“This is the new statement of educational needs and may incorporate the need for specialist medicines”.

IHCP
“Individual health care plans – is direction for managing emergency or specialist medicines given”.

ADVICE ON MEDICAL CONDITIONS

The Community Paediatrician or Nurse on request will give advice regarding medical conditions to the school. Parents or guardians of children suffering from these conditions seeking general information should be advised to seek advice from their G.P., the school health professionals (details available on request) or from the bodies detailed below. The following bodies can also supply leaflets regarding the conditions listed.

Asthma at school – a guide for teachers National Asthma Campaign	www.asthma.org.uk Asthma Helpline – Tel: 0800 121 6244
Guidance for teachers concerning Children who suffer from fits www.epilepsy.org.uk Helpline No: 0808 800 5050 www.helpline@epilepsy.org.uk	See appendix C ‘Epilepsy Health forms’ under ‘A’ Administration of medicines’ for Individual Care Plans and relevant records of information and documentation.
Guidelines for Infections (e.g. HIV, AIDS and MRSA)	Public Health England Tel: 0344 225 4524
Haemophilia	info@haemophilia.org.uk Tel: 020 7831 1020
Allergies Anaphylaxis Campaign www.anaphylaxis.org.uk Help line 01252 542029	See appendix D ‘Emergency Action Plan’ forms under ‘A’ Administration of medicines for Epipen/Jext Pens administration. Please note the need to report administration of this medication to Bridge Park Plaza on fax no: 0116 225 3850
Thalassaemia	www.ukts.org email: information or office@ukts.org Tel: 020 8882 0011
Sickle Cell Disease	info@sicklecellsociety.org Tel: 020 8961 7795
Cystic Fibrosis and School (A guide for teachers and parents)	www.cftrust.co.uk Tel: 020 84647211
Children with diabetes (Guidance for teachers and school staff) www.diabetes.org.uk Leicester Royal Infirmary 9 am – 5 pm Diabetes Office 0116 2586796 Diabetes Specialist Nurses 0116 2587737 Consultant Paediatric	See appendix E on EIS under ‘A’ administration of medicines documentation. Please note the opportunity to attend diabetes in Schools training day – regularly advertised on EIS. This is funded by Diabetes UK and is supported by our team of specialist consultants and nurses.
Diabetes Careline Services	Tel: 0345 1232399
Insurance Section Leicestershire County Council <ul style="list-style-type: none"> • Additional insurance • Concerns 	Contacts: - David Marshall-Rowan – 0116 305 7658 James Colford – 0116 305 6516
County Community Nursing Teams: <ul style="list-style-type: none"> • Information on School nurses <u>East Region</u> – Market Harborough/Rutland/Melton <u>West Region</u> – Hinckley/Bosworth/Charnwood	<u>East Region</u> PA: 1) Janet Foster 01858 438109 PA: 2) Clare Hopkinson 01664 855069 Locality managers: 1) Maureen Curley 2) Jane Sansom <u>West Region</u> PA: Sally Kapasi 01509 410230 Locality managers: 1) Chris Davies 2) Teresa Farndon
Corporate Health, Safety & Wellbeing Leicestershire County Council, County Hall, Glenfield, Leics. LE3 8RF	Tel: 0116 305 5515 healthandsafety@leics.gov.uk

Appendix F

Information for Parents

Parents are expected to adhere to the following guidelines in the event of their child contracting particular illnesses / conditions:

Chickenpox	Until blisters have all crusted over or skin healed, usually 5-7 days from onset of rash.
Conjunctivitis	Parents/carers expected to administer relevant creams. Stay off school if unwell.
Nausea	Nausea without vomiting. Return to school 24 hours after last felt nauseous.
Diarrhoea and / or vomiting	Exclude for 48 hours after last bout. Please check your child understands why they need to wash and dry hands frequently. Your child would need to be excluded from swimming for 2 weeks.
German measles / rubella	Return to school 5 days after rash appears but advise school immediately in case of a pregnant staff member .
Hand, foot and mouth disease	Until all blisters have crusted over. No exclusion from school if only have white spots. If there is an outbreak, the school will contact the Health Protection Unit.
Head lice	No exclusion, but please wet-comb thoroughly for first treatment, and then every three days for next 2 weeks to remove all lice.
Cold sores	Only exclude if unwell. Encourage hand-washing to reduce viral spread
Impetigo	Until treated for 2 days and sores have crusted over
Measles	For 5 days after rash appears
Mumps	For 5 days after swelling appears
Ringworm	Until treatment has commenced
Scabies	Your child can return to school once they have been given their first treatment although itchiness may continue for 3-4 weeks. All members of the household and those in close contact should receive treatment.
Scarletina	For 5 days until rash has disappeared or 5 days of antibiotic course has been completed
Slapped cheek	No exclusion (infectious before rash)
Threadworms	No exclusion. Encourage handwashing including nail scrubbing
Whooping cough	Until 5 days of antibiotics have been given. If mild form and no antibiotics, exclude for 21 days.
Viral infections	Exclude until child is well and temperature is normal (37 degrees).

List of appendices and when they should be used - appendices are listed as referenced on the Schools EIS system under 'A' for administration of medicines:

Appendix A	<p>General care plan/parent consent form This form must be completed by parent/carer for any pupil needing the administration of prescribed medication or non-prescribed medication in exceptional circumstances.</p>
Appendix B	<p>Individual Health Care Plan (IHCP) – completed at School in conjunction with parents and school staff These are completed for any child who has a serious health issue or takes long term medication. They are checked annually and updated as necessary.</p>
Appendix C	<p>Health forms for the treatment of Epilepsy There are now new amended health forms for completion by the Consultant / GP. A copy of these can be downloaded from the Schools EIS system under the Administration of Medicines – Epilepsy health forms (49 page document) These include:</p> <ul style="list-style-type: none"> • Appendix 1 Flow chart for admin of prescribed medication. • Appendix 2a ICP for Rectal Diazepam • Appendix 2b ICP for Buccal Midazolam • Appendix 2c ICP for Buccal Oromucosal (note diff dosages) • Appendix 2d ICP for Rectal Paraldehyde • Appendix 3a Guidelines for Rectal Diazepam • Appendix 3b Guidelines for Buccal Midazolam • Appendix 3c Guidelines for Buccolam pre filled syringe 5mg • Appendix 3d Guidelines for Rectal Paraldehyde • Appendix 4a Report form for Rectal Diazepam • Appendix 4b Report form for Buccal Midazolam • Appendix 4c Report form for Rectal Paraldehyde • Appendix 5a Training agreement – Rectal Diazepam • Appendix 5b Training agreement – Buccal Mizazolam • Appendix 5c Training agreement – Rectal Paraldehyde
Appendix D	<p><u>Emergency Action Plans - Anaphylaxis</u> A copy of these can be downloaded from the Schools EIS system under the Administration of Medicines – These include</p> <ol style="list-style-type: none"> 1. Letter to parents 2. Type of Adrenaline Autoinjectors 3. EAP with Antihistamine 4. EAP with Epipen 5. EAP with Jext 6. EAP with old style Epipen 7. EAP signatures for Antihistamines 8. EAP signatures for Epipen 9. EAP signatures for Jext 10. EAP signatures for old style Epipen 11. Additional page for additional volunteer signatures
Appendix E	<p>Diabetes Health forms from Health professionals - A copy of these can be downloaded from the Schools EIS system under the Administration of Medicines</p>
Further information	<p>Supporting pupils at school with medical conditions Statutory guidance for governing bodies of maintained schools and proprietors of academies in England April 2014 Reference: DFE-00393-2014</p>

FORM 2: MODEL LETTER INVITING PARENTS TO CONTRIBUTE TO INDIVIDUAL HEALTHCARE PLAN DEVELOPMENT

Dear Parent

DEVELOPING AN INDIVIDUAL HEALTHCARE PLAN FOR YOUR CHILD

Thank you for informing us of your child's medical condition. I enclose a copy of the school's policy for supporting pupils at school with medical conditions for your information.

A central requirement of the policy is for an individual healthcare plan to be prepared, setting out what support the each pupil needs and how this will be provided. Individual healthcare plans are developed in partnership between the school, parents, pupils, and the relevant healthcare professional who can advise on your child's case. The aim is to ensure that we know how to support your child effectively and to provide clarity about what needs to be done, when and by whom. Although individual healthcare plans are likely to be helpful in the majority of cases, it is possible that not all children will require one. We will need to make judgements about how your child's medical condition impacts on their ability to participate fully in school life, and the level of detail within plans will depend on the complexity of their condition and the degree of support needed.

A meeting to start the process of developing your child's individual health care plan has been scheduled for xx/xx/xx. I hope that this is convenient for you and would be grateful if you could confirm whether you are able to attend. The meeting will involve [the following people]. Please let us know if you would like us to invite another medical practitioner, healthcare professional or specialist and provide any other evidence you would like us to consider at the meeting as soon as possible.

If you are unable to attend, it would be helpful if you could complete the attached individual healthcare plan template and return it, together with any relevant evidence, for consideration at the meeting. I [or another member of staff involved in plan development or pupil support] would be happy for you contact me [them] by email or to speak by phone if this would be helpful.

Yours sincerely

Mrs R Cumberlidge
Head Teacher