

# Huncote Community Primary School Academy Trust



## Medication Policy & Management Procedures *2018-2019*

### *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. This document is revised in line with the current Department for Education 'Supporting pupils at School with medical conditions' December 2015, which replaces the previous Managing medicines in Schools and Early Years settings 2005.

\_\_\_\_\_  
Head Teacher

\_\_\_\_\_  
Chair of Governors

Date: \_\_\_\_\_

Date: \_\_\_\_\_

An annual review of this policy is required.

Review Date due: December 2019

## 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 in an individual care plan as supplied by HCPSAT.
- 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 e.g. on a termly 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
- To maintain clear records of any medication given including the dosage prescribed/administered.
- To identify if additional training needs are required for staff. Source and arrange training whenever/wherever possible/viable.
- To 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

## Administering Medicine to Pupils

**Emergency Medication for Anaphylactic Shock** - Anaphylaxis can be triggered by allergens such as insect stings, and certain drugs, but the most frequently through food. Children known to have an allergy to insect stings or food, will have an Individual Health Plan (see appendix B) and an Emergency Action Plan which must be completed by the prescribing Consultant/Doctor. Staff including the Head Teacher and Assistant Head Teacher, are trained annually in the use of auto-injectors e.g. Epi and Jext pens. In the event of an emergency, a trained member of staff will give the child the injection. Ideally this should be in the presence of a second trained member of staff. However, this may not be possible in an emergency. School staff will always ring 999 in these emergency situations.

It may be that Huncote School will be instructed to give a dose of anti-histamine medicine first, (such as 'Piriton') that is provided by the parents and kept in school as detailed in the Individual Care Plan/Emergency Action Plan. However, further instructions must be followed if this dose does not reduce the symptoms within a very short time. Parents are informed by phone at once if the anti-histamine medicine has been administered. If the symptoms do not reduce, an ambulance is called and an injection given.

**Inhalers** - Most inhalers are kept with the pupil either on person for older pupils or in the classroom for younger children. These inhalers go out onto the field/playground during PE sessions and break/lunch times. When children go out of school for sports or on visits, inhalers must be taken with the pupil.

When a child takes their inhaler, for example, before a PE lesson, at break time or lunchtime, they should inform the class teacher that they are taking their inhaler. This information should then be recorded on the administration of medicines sheet kept with the inhalers. Where a child increases the number of times they need their inhaler, staff are alerted to this by the record, and they are able to pass this information on to the parents.

Children are trained how to access their inhaler and the importance of adult supervision. Younger children e.g. EYFS and KS1 children and those using a spacer are supervised when they take their inhaler.

**Injections** - School staff in general will not give a child an injection. Children with Diabetes or with other medical conditions needing an injection are supported by a trained member of staff to do so. A second member

of staff will be present. If the child is unable to do so and it is deemed that adult support is required, the care plan will detail this and trained staff will then be able to assist. If a pupil refuses to give themselves an injection the parents will be contacted. In the event of an emergency, an ambulance will be called and staff will follow any instructions given. All medication administered will be fully recorded using Form 1 – Administration of Medication.

**Liquid Medicine** - Liquid medicines are generally taken at lunchtimes, either before or after their meal, according to their doctor's instructions; but may also be taken at other times during the day. The dose is measured out with the measuring syringe provided by the parent, and wherever possible, the syringe is then handed to the child for them to take the dose. The syringe is then wiped clean with a tissue and replaced with the medicine in the plastic bag. All medication administered will be recorded using Form 1 – Administration of Medication.

**Tablets** - Children needing tablets generally take them at lunchtime, either before or after their meal, according to their doctor's instructions; but may also be taken at other times during the day. Children go to the office and ask admin staff for their tablets. Two members of staff will administer the medication. They are given the tablet to take and all medication administered will be fully recorded using Form 1 – Administration of Medication. The child is given water to drink if required. School staff will make every effort to remind children to take their medicine at the correct time. Tablets will not be crushed or hidden in food.

### **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.

**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	Page 13
Form 2 : Model letter inviting parents to contribute to Individual Health care Plan Development	Page 14

**Appendix A - Administration of Medicine - 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**

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

**Family Contact Information**

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

**Clinic / Hospital Contact**

<b>Name</b>	
<b>Phone</b>	

**GP**

<b>Name</b>	
<b>Phone</b>	

**Person Responsible for Providing Support in School**

<b>Name</b>	
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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

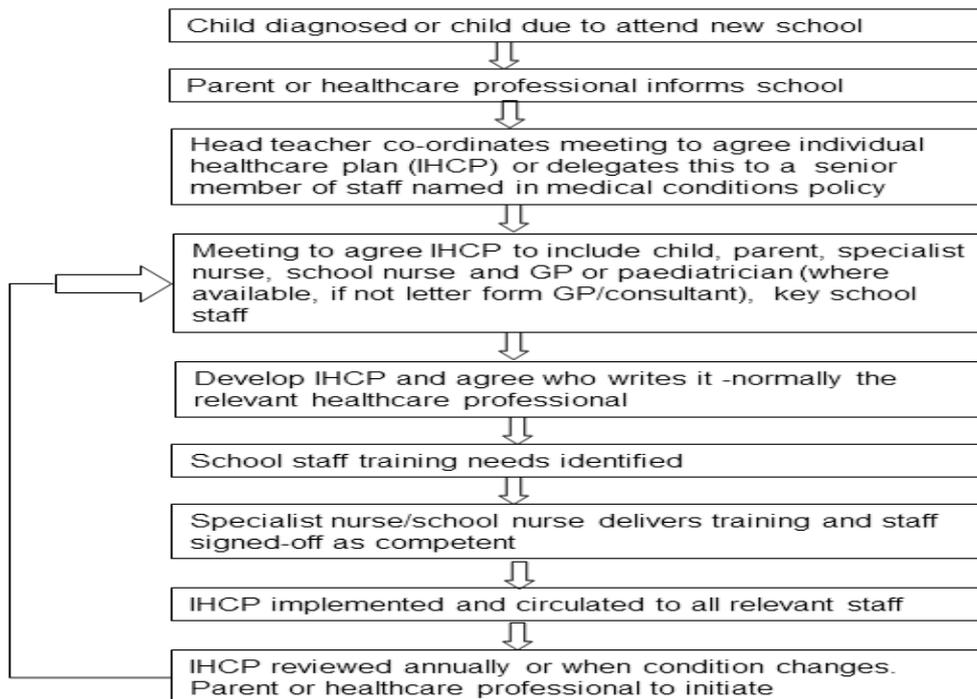
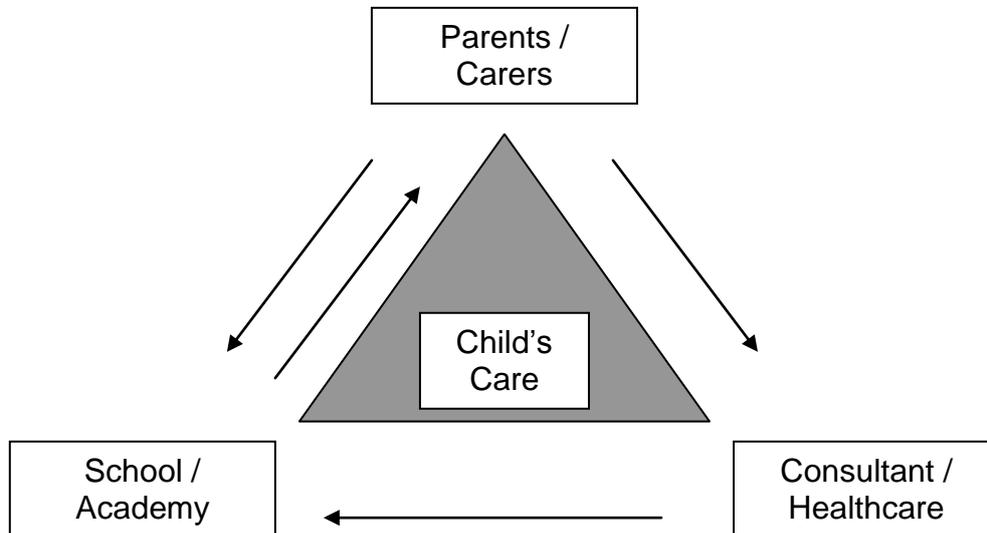
Who is responsible in an emergency? *(state if different for off-site activities)*

Plan developed with

Staff training needed / undertaken – who, what, when

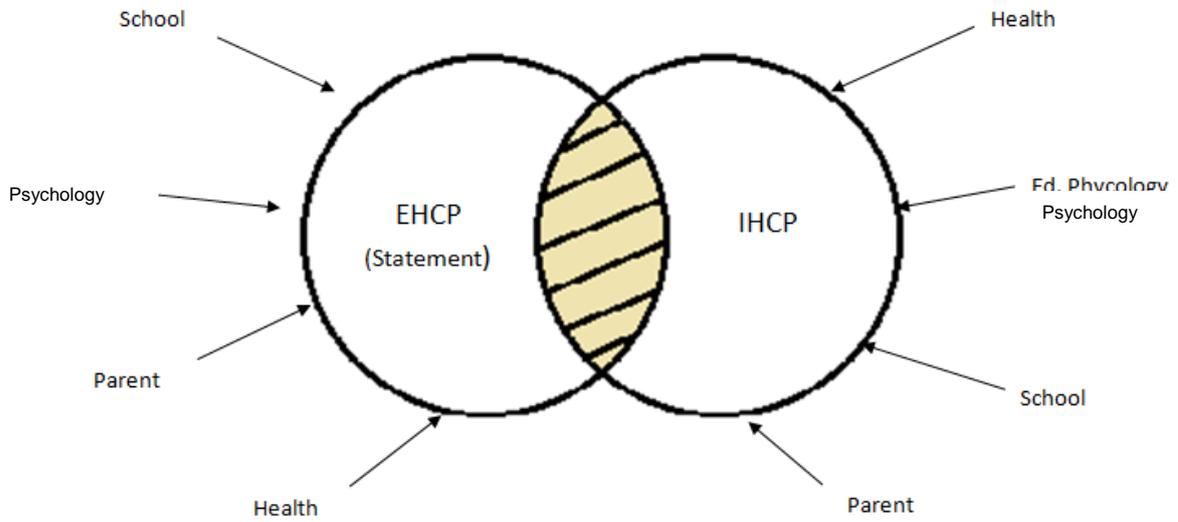
Form copied to

**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	<a href="http://www.asthma.org.uk">www.asthma.org.uk</a> Asthma Helpline – Tel: 0800 121 6244
Guidance for teachers concerning Children who suffer from fits <a href="http://www.epilepsy.org.uk">www.epilepsy.org.uk</a> Helpline No: 0808 800 5050 <a href="mailto:www.helpline@epilepsy.org.uk">www.helpline@epilepsy.org.uk</a>	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)	<a href="http://PublicHealthEngland.org.uk">Public Health England</a> Tel: 0344 225 4524
Haemophilia	<a href="mailto:info@haemophilia.org.uk">info@haemophilia.org.uk</a> Tel: 020 7831 1020
Allergies Anaphylaxis Campaign <a href="http://www.anaphylaxis.org.uk">www.anaphylaxis.org.uk</a>  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	<a href="http://www.ukts.org">www.ukts.org</a> email: information or <a href="mailto:office@ukts.org">office@ukts.org</a> Tel: 020 8882 0011
Sickle Cell Disease	<a href="mailto:info@sicklecellsociety.org">info@sicklecellsociety.org</a> Tel: 020 8961 7795
Cystic Fibrosis and School (A guide for teachers and parents)	<a href="http://www.cftrust.co.uk">www.cftrust.co.uk</a> Tel: 020 84647211
Children with diabetes (Guidance for teachers and school staff) <a href="http://www.diabetes.org.uk">www.diabetes.org.uk</a> 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 LTS. 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"> <li>• Additional insurance</li> <li>• Concerns</li> </ul>	Contacts: - David Marshall-Rowan – 0116 305 7658 James Colford – 0116 305 6516
County Community Nursing Teams: <ul style="list-style-type: none"> <li>• Information on School nurses</li> </ul> <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
Advice and Guidance	YMD Boon Ltd Health and Safety 01858 464 482

## 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).

## **Appendix G**

### **Contacting emergency services**

**Request an ambulance - dial 999, ask for an ambulance and be ready with the information below.**

**Speak clearly and slowly and be ready to repeat information if asked.**

1. your telephone number
2. your name
3. your location as follows - Huncote Community Primary School, Denman Lane, Huncote, Leicester
4. state what the postcode is (LE9 3BS)
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone

**List of appendices and when they should be used - for administration of medicines:**

Appendix A	General care plan/parent consent form
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	This form must be completed by parent/carer for any pupil needing the administration of prescribed medication or non-prescribed medication in exceptional circumstances.
<b>Appendix B</b>	<b>Individual Health Care Plan (IHCP)</b> – 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.
<b>Appendix C</b>	<b>Health forms for the treatment of Epilepsy</b> There are now new amended health forms for completion by the Consultant / GP. A digital copy of these is available for reference within school (stored on the Office machines under Medications Policy) These include: <ul style="list-style-type: none"> <li>• Appendix 1 Flow chart for admin of prescribed medication.</li> <li>• Appendix 2a ICP for Rectal Diazepam</li> <li>• Appendix 2b ICP for Buccal Midazolam</li> <li>• Appendix 2c ICP for Buccal Oromucosal (note diff dosages)</li> <li>• Appendix 2d ICP for Rectal Paraldehyde</li> <li>• Appendix 3a Guidelines for Rectal Diazepam</li> <li>• Appendix 3b Guidelines for Buccal Midazolam</li> <li>• Appendix 3c Guidelines for Buccolam pre filled syringe 5mg</li> <li>• Appendix 3d Guidelines for Rectal Paraldehyde</li> <li>• Appendix 4a Report form for Rectal Diazepam</li> <li>• Appendix 4b Report form for Buccal Midazolam</li> <li>• Appendix 4c Report form for Rectal Paraldehyde</li> <li>• Appendix 5a Training agreement – Rectal Diazepam</li> <li>• Appendix 5b Training agreement – Buccal Mizazolam</li> <li>• Appendix 5c Training agreement – Rectal Paraldehyde</li> </ul>
<b>Appendix D</b>	<b>Emergency Action Plans - Anaphylaxis</b> These documents are issued by the GP/Paediatrician/consultant and should be completed by Health staff. It is the parents' responsibility to bring a copy of these to school. These documents include <ol style="list-style-type: none"> <li>1. Letter to parents</li> <li>2. Type of Adrenaline Autoinjectors</li> <li>3. EAP with Antihistamine</li> <li>4. EAP with Epipen</li> <li>5. EAP with Jext</li> <li>6. EAP with old style Epipen</li> <li>7. EAP signatures for Antihistamines</li> <li>8. EAP signatures for Epipen</li> <li>9. EAP signatures for Jext</li> <li>10. EAP signatures for old style Epipen</li> <li>11. Additional page for additional volunteer signatures</li> </ol>
<b>Appendix E</b>	Diabetes Health forms from Health professionals - A copy of these can be obtained from GP or consultant/Children's Diabetic nurse. It is the parents' responsibility to provide the school with a copy.
<b>Appendix F</b>	Information for parents
<b>Appendix G</b>	Contacting emergency services
<b>Further information</b>	<b>Supporting pupils at school with medical conditions</b> - Statutory guidance for governing bodies of maintained schools and proprietors of academies in England December 2015 Reference: DFE-00393-2014

## 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