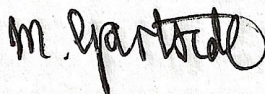


# MARLFIELDS PRIMARY ACADEMY

## Medicines Policy

Policy Author (s)	Mrs S Isherwood
Responsible Committee	Resources
Date discussed at SLT Meeting	
Date discussed at Staff Consultation meeting	
Date reviewed and approved by Committee	
Full Governors Meeting	28 June 2023
Chair of Governors Signature	
Frequency of Review	Review in the light of changes to legislation or operating experiences Or within two years of approved date from Full Governors Meeting
Review Month	March
Academy Website	Yes



## Introduction

Most young people will at some time 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 may be put in place to help staff identify the necessary safety measures to help support the pupil with medical needs and ensure that they, and others, are not put at risk.

**The following safeguards should be observed in any case where the Principal agrees to accept responsibility for the administration of medicines to children:**

- The school should receive a written request from the parent giving clear instructions regarding the medication and required dosage. Where appropriate a doctor's note should be received to the effect that it is necessary for the child to take medication during school hours.
- The Principal should obtain informed consent from the parent. It must, however, be remembered that in spite of any form of disclaimer, the Principal must continue to exercise the duty of care. The necessary form (see Appendix 1) should be completed by the parent whenever a request is made for medication.
- Long-term illnesses, such as epilepsy or diabetes should be recorded on the child's record card, together with appropriate instructions given by the doctor or nurse.
- Where possible, in the case of young children the medicine, in the smallest practicable amount, should be brought to school by the parent or nominated responsible adult, not the child and should be delivered personally to the Principal or a nominated member of staff.
- **Prescribed medicines** must be clearly labelled with contents, owner's name and dosage, and must be kept in a safe and secure place appropriate to the contents, away from the children, unless they may be needed urgently (e.g. for asthma) and must be documented for receipt administration and dispatch. **We will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosage on parent's instructions.**
- **Non-prescribed medicines** - Staff should **never** give a non-prescribed medicine to a young person unless there is a specific prior written agreement from parents and accompanied by a doctor's (or Health Professional's) note. For example, if a young person suffers from frequent or acute pain the parents should be encouraged to refer the matter to their GP. **A young person under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.**
- Large volumes of medicines should not be stored. Medicines should be stored strictly in accordance with the product instructions and in the original container in which dispensed. Staff should 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.
- A few medicines need to be refrigerated. There is a specific refrigerator for the storage of medicines. If unavailable, they can be kept in a refrigerator containing food but should be in an airtight container and clearly labeled. There is restricted access to refrigerators holding medicines.
- The young person should know where their own medicines are being stored and who holds the key. All emergency medicines, i.e. asthma inhalers and adrenalin pens should be readily available to the young person and should not be locked away.

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- School nurses or the district pharmacist can advise on the design and position of safe storage of medicines. They can also offer advice on suitable temperatures required for certain items, possible damage by exposure to light and the life span of certain medications.
- Only one member of staff at any one time should administer medicines (to avoid the risk of double dosing). Arrangements should be made to relieve this member 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 drugs a system must be arranged to avoid the risk of double dosing.
- Schools must ensure that they have sufficient members of support staff who are employed and adequately trained to manage medicines as part of their duties. Any member of staff who agrees to accept responsibility for administering prescribed medicines to a young person should have appropriate training guidance and support from the health professionals. They should be aware of any potential side effects of the medicines and what to do if they occur. A written record of training and authority to carry out procedures should be kept both by the school and the member of staff.
- If a pupil brings to school any medication for which the Principal has not received written notification the staff of the school will not be held responsible for that medication.
- In all cases where following the administration of medication there are concerns regarding the condition of the child, medical advice must be sought immediately.
- Schools should keep written records each time medicines are given, and staff should complete and sign this record. (See Appendix 1). Good records help demonstrate that staff have followed the agreed procedures. In early years settings such records **must** be kept, and parents should be requested to sign the form to acknowledge the entry. If a young person refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. Parents should be informed of the refusal on the same day.

**Exception:** Inhalers for children with asthma need to be readily available. Where children are of a sufficient maturity, they should be fully responsible themselves for the inhalers and keep them at all times. Inhalers should be kept by teachers in a readily accessible place and available for PE. See the Asthma Policy.

### **Long-Term Medical Needs**

It is important to have sufficient information about the medical condition of any young person with long-term medical needs. Schools need to know about any particular needs before the young person attends for the first time or when they first develop a medical need. It is helpful to develop a written Health Care Plan for such a young person, involving the parents and relevant health professionals. Such plans would include the following:-

- Details of the young person' 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.

### **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, 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 do not collect all medicines, they will be taken to a local pharmacy for safe disposal.

### **Emergency Procedures**

All schools should have arrangements in place for dealing with emergency situations. 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 will be very clear of their role.

### **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 are unable to come to school themselves.

These are:

- Where the timing and nature of the administering 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 circumstances the Principal will consider the best interests of the child as well as considering carefully what is being asked of the staff concerned. The Principal will seek advice from the consultant community paediatrician or school doctor. There will be clear written instructions for the administration of such medicines, which are agreed in advance by the parents, teachers and advisory medical staff. Clear records should be kept of any medication administered in school and parents 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 which school staff may feel reluctant to provide e.g. the administration of rectal Valium, assistance with catheters, or the use of equipment for children with tracheotomies. There is no requirement for the Principal and staff to undertake these responsibilities and in such circumstances the matter will be referred to Cheshire East.

Only staff who are willing and have been appropriately trained are to administer such treatment. This must be in accordance with instructions issued by the paediatrician or GP. Training in invasive procedures should be conducted by qualified medical personnel. For the protection of both staff and children, a second member of staff must be present while more intimate procedures are being followed.

The regular injection of children by teaching staff is not supported. Where it is known in advance that a child may be vulnerable to life-threatening circumstances, the school will have an agreed plan of action in place. This should include the holding of appropriate medication and appropriate training of those members of staff who have agreed to carry out the particular medical procedures.

Whether or not the Principal agrees to administer medication or other treatment, the school should devise an emergency action plan for such situations after liaising with the appropriate community paediatrician. This has implications for educational visits and other out of school activities. There may be

occasions when individual children have to be excluded from certain activities if appropriate safeguards cannot be guaranteed.

### **Staff Competence in Administering Medicines**

Under Health and Safety legislation, it is necessary to ensure that staff are competent to perform the tasks which might confront them. This includes reacting to an emergency. Staff whose pupils may have conditions such as asthma or diabetes sufficiently severe to cause an emergency are entitled to proper instructions. If a school undertakes responsibility for the administration of special treatment, it is essential that adequate training is provided for the nominated persons.

The Principal should approach the appropriate community paediatrician who is willing to provide the necessary training. A written record of the training and authorisation to carry out procedures should be kept both by the school and the member of staff concerned.

### **Guidance For Teachers On Parental Consent For Treatment**

For younger pupils, parental consent is straight-forward in the vast majority of cases. Normally, the parent or guardian will make the decision and this should be regarded as the most desirable course of action. However, there may be situations that are urgent or the parent unavailable. It is essential that parents 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 teacher would have recourse to ordinary medical treatment.

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

### **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 with an individual Health Care Plan developed.

#### **Asthma (see the Asthma policy)**

Asthma is common, one in ten young people have asthma in the UK. The most common symptoms of asthma are coughing, wheezing or a whistling noise in the chest, tight feelings in the chest or getting short of breath.

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 plans, 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 person's 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.

## **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 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.

- 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 during some activities such as swimming. 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.

## **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 draw these signs to the parents' attention.

Diabetes is mainly controlled by insulin injections with most younger children a twice daily injection regime of a longer acting insulin is unlikely to involve medicines being given during school hours.

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 usually 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 may ask for the Principal 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.

