

# Weatherhead High School

A high performing academy providing excellence for all

## Medicine Policy

<b>Document Owner</b>	Director of SEND
<b>Committee</b>	Curriculum
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Weatherhead High School is committed to the care and well-being of all staff and students. Staff do not have a statutory duty to give medicines or medical treatment. However, prescribed medicines will be administered to enable the inclusion of students with medical needs and to ensure their regular attendance in school.

Section 100 of the Children and Families Act 2014 places a duty on 'governing bodies of maintained schools, proprietors of academies and management committees of PRUs to make arrangements for supporting students at their school with medical conditions'. The governing body of Weatherhead High School will ensure that these arrangements fulfil their statutory duties and follow guidance outline in 'Supporting students at school with medical conditions' December 2015.

Medicines will be administered to enable the inclusion of students with medical needs, promote regular attendance and minimise the impact on a student's ability to learn. In an emergency all teachers and other staff in charge of children have a common law duty of care to act for the health and safety of a child in their care – this may mean giving medicines or medical care.

Signed

Chair of Governors

Date

## **Organisation**

The governing body will develop policies and procedures to ensure the medical needs of students at Weatherhead High School are managed appropriately. They will be supported with the implementation of these arrangements by the Head teacher and school staff.

The Student Services Lead for Managing Medicines at Weatherhead High School is the Well-Being Co-Ordinator or in their absence the Student Services Office Manager. In their duties staff will be guided by their training, this policy and related procedures.

## **Insurance**

Staff who follow the procedures outlined in this policy are covered under WHS insurance policies. Details of the medical insurance is held by the School Business Manager.

## **Admissions**

When the school is notified of the admission of any student the Lead for Managing Medicines will seek parental consent to administer short term ad-hoc, non-prescriptions medication. (Appendix 1 attached.)

An assessment of the student's medical needs will be completed, this might include the development of an Individual Health Care Plan and require a meeting. In some cases additional staff training may be needed. The school will endeavour to put arrangements in place to support an identified student as quickly as possible and the student will only be given the necessary medicine when both parties are confident that sufficient arrangements can be put in place.

## **A. Students with medical needs**

The school will follow Government guidance and develop an IHCP (Appendix 1) for students who:

- Have long term, complex or fluctuating conditions (Appendix 2)
- Require medication in emergency situations – ie Asthma / Anaphylaxis

Parents/Carers should provide Student Services with sufficient information about their child's medical condition and treatment/special care needed at school. Arrangements can then be made to ensure that the student's medical needs are managed well during their time in school.

### **All prescribed and non-prescribed medication**

**Students should not bring any medication to school for self-administration. On no account should a child come to school with medicine if she is unwell. If they wish parents may call into the school and administer medicine to their child.**

The school will keep a small stock of paracetamol and antihistamine for administration with parental consent for symptoms that arise during the school day.

All other medication must **always** be supplied by the parent/carer in the original pharmacist's container and the following information must be clearly visible:-

- Students name
- Name of medicine
- Dosage
- Medicine expiry date

The details of the possible side effects must also be provided e.g. manufacturer's instructions and/or patient information leaflet (PIL).

The only exception to this is insulin which will generally be stored inside an insulin pump or pen rather than the original container.

Medicines must be delivered to the Student Services Office at Weatherhead High School with the appropriate consent form (Appendix 3).

No student will be given prescribed or non-prescribed medication without a fully completed consent form.

### **Confidentiality**

School staff should treat medical information confidentially.

It is expected that staff with contact to a student with medical needs will as a minimum be informed of the student's condition and know how to respond in a medical emergency.

## **B. Consent to administer medication**

### **Prescription Medicines**

Medicine should only be brought to school when it is essential to administer it during the school day. 'Parental agreement for school to administer medicine' (Appendix 2) must be completed prior to medication being given. In the vast majority of cases, doses of medicine can be arranged around the school day thus avoiding the need for medicine in school. **Antibiotics for example are usually taken three times a day, so can be given with breakfast, on getting home from school and then at bedtime.**

Administration will be recorded using Student Services database and a note will be made in the student's planner to inform parents/carers.

Parents/carers are expected to remove any remaining medicine once the prescribed course has been completed.

### **Non-prescription Medicines**

Under circumstances where it is deemed that their administration is required to allow the student to remain in school the school will administer paracetamol.

The school will not administer alternative treatments i.e. homeopathic or herbal potions, pills or tinctures or nutrition supplements unless prescribed or recommended by a Doctor and detailed on an IHCP.

The school will not administer aspirin or ibuprofen unless prescribed. The storage and administration for non-prescription medication will be treated as prescription medicines.

A small stock of standard paracetamol and antihistamine will be kept by the school for administration if symptoms develop during the school day.

ONLY the following will be administered following the necessary procedures:

- Standard Paracetamol will be administered in tablet form for the relief of pain eg period pain, migraine. School will hold sachets of liquid paracetamol for students who have difficulty taking pain relief in tablet form.
- Non-prescription antihistamine will with parental consent be administered for symptoms of mild allergic reaction (i.e. itchy eyes or skin, rash or/and redness of the skin or eyes), the student must be monitored for signs of further allergic reaction.

Only 1 dose of any of the above medications suitable to the weight and age of the student will be administered during the school day.

### **Pain relief protocol for the administration of Paracetamol**

If a request for paracetamol is made by a student before 12.30pm the following procedure must be followed:

- The school will contact the parent/carer and confirm that a dose of paracetamol was NOT administered before school. The parents/carers and if appropriate the student will also be asked if they have taken any other medication containing pain relief medication i.e. decongestants such as Sudafed, cold and flu remedies e.g. Lemsip and medication for cramps e.g. Feminax etc. If a dose of pain relief has not been administered in the past 4 hours the school will, with parental consent, administer 1 dose.
- If the school cannot contact the parent/carers and therefore cannot confirm if paracetamol was administered before school, the school will refuse to administer pain relief.

If a dose of pain relief has been administered before school:

- PARACETAMOL - The school will not administer paracetamol until 4 hours have elapsed since the last dose (assume 8.30am) no more than 4 doses can be administered in 24 hours.
- IBUPROFEN - The school will NOT administer ibuprofen at all during the school day unless it has been prescribed by a Doctor.

If a request for pain relief is made after 12.30pm:

- The school will assume the recommended time between doses has elapsed and will with parental consent (Appendix 4), administer 1 standard dose of paracetamol without any need to confirm with the parent/carer if a dose was administered before school. The student will still be asked if they have taken any other medication containing pain relief medication and this conversation will be recorded.

The school will inform the parent/carer via a note in the student's planner if pain relief has been administered this will include the type of pain relief and time of administration.

Student Services staff will contact parents if a student attends the Student Services office for medical reasons more than four times in a two-week period. Should a student continue frequently to visit the

Student Services Office for medical reasons, the parent/carer will be invited to attend a meeting so any medical issues can be addressed.

The school will NOT administer non-prescription medication:

- as a preventative, i.e. in case the student develops symptoms during the school day;
- for more than 48 hours – parents will be advised if symptoms persist to contact their Doctor;
- A request to administer the same non-prescription medication that is for the same/initial condition will not be repeated for 2 weeks after the initial episode; and not for more than 2 episodes per term - it will be assumed that the prolonged expression of symptoms requires medical intervention, and parents/carers will be advised to contact their Doctor.
- Medication that is sucked i.e. coughs sweets or lozenges, will not be administered by the school.

## **Specific Conditions**

### **1. Asthma**

The school recognises that students with asthma need access to relief medication at all times. **Students with asthma must carry an emergency inhaler and a spacer (if prescribed) in school at all times.** The school will ask the students parent/carer to provide a second inhaler which will be stored in main Reception. The school will also keep a salbutamol inhaler for emergency use. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required, a record of these communications will be kept. IHCPs must be completed for those students with severe asthma, Appendix 5A and Appendix 5B must be completed for students with mild asthma.

### **2. Anaphylaxis**

Where a Doctor has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction this will be detailed on the students IHCP (Appendix 3A).

The school will administer 1 standard dose of antihistamine (appropriate to age and weight of the student) and it is very important that symptoms are monitored for signs of further allergic reaction. During this time the student must NEVER be left alone and should be observed at all times.

***If symptoms develop or there are any signs of anaphylaxis, then the student will have an adrenaline auto injector administered if they have one prescribed. An ambulance will be called and the parents informed.***

The school will ask the parent/carer to provide a spare auto-injector for school use which will be stored in main Reception. An auto-injector must be carried by the student at all times including residential and school trips.

Parents are responsible for ensuring that the medication is within the expiry date and to update the school of any changes. The school will communicate with the parents if new medication is required and a record of these communications will be kept.

The school will keep an auto-injector in school for emergency use. The school's auto-injector should only be used on students known to be at risk of anaphylaxis and where parental consent has been obtained when completing the student's IHCP. The schools auto-injector will only be administered to a student whose own prescribed device cannot be administered correctly without delay.

**Every effort will be made by the school to identify and reduce the potential hazards/ triggers that can cause an allergic reaction to students diagnosed with anaphylaxis within the school population. The school complies with the School Nursing Service recommend that staff are trained in the administration of auto injectors and that training is renewed annually.**

### **3. Hay fever**

Parent(s)/carer(s) will be expected to administer a dose of antihistamine to their child before school for the treatment of hay fever. The school will only administer antihistamine for symptoms of allergic reaction and not as a precautionary measure.

#### **Storage and Access to Medicines**

All medicines will be stored securely in the Student Services Office. Asthma inhalers and adrenaline auto injectors, will be kept under supervision in Main Reception. Medicines are always stored in the original pharmacist's container with the patient information leaflet [PIL] and the prescription label.

Medicines that require refrigeration are kept in the fridge in the Student Services Office and will be clearly labelled.

#### **Record Keeping**

For legal reasons records of all medicines administered are kept at the school until the student reaches the age of 24. This includes medicines administered by staff during all educational or residential visits.

#### **Recording Errors and Incidents**

If for whatever reason there is a mistake made in the administration of medication and the student is:

- Given the wrong medication
- Given the wrong dose
- Given medication at the wrong time (insufficient intervals between doses)
- Given medication that is out of date
- Or the wrong student is given medication

Incidents must be reported to the School's Senior Leadership Team who will immediately inform the student's parent/carer.

#### **Staff Training**

The school will also ensure that all staff who may occasionally need to administer a medicine are trained in the procedure adopted by the school by the person who has completed the Managing Medicines course.

School staff are trained annually to administer an auto-injector and asthma inhaler in an emergency. A record of all training must be maintained to show the date of training for each member of staff and when repeat or refresher training is required.

#### **Educational Visits / Residential Visits**

Staff will administer prescription medicines to students when required during educational visits. Parents should ensure they complete Appendix 2 and supply a sufficient amount of medication in its pharmacist's container. Non-prescription medicines as detailed in this policy can be administered by staff, students must not carry non-prescription medication for self-administration.

For travel sickness – medication will be administered if required before educational visits and must be age

appropriate and supplied by the parent/carer in its original packaging with the PIL if available.

A copy of the students IHCP will be taken on the visit and detail arrangements relating to the management of their medication during the visit should be included in the plan.

Occasionally it may be necessary to administer non-prescription medicines as described in this policy i.e. antihistamine to students suffering from an allergic reaction or paracetamol for acute pain from things like headache, period pain, toothache etc. Parents must give written consent prior to the residential visit and sign to confirm that they have administered the medication previously without adverse effect.

The school will keep its own supply of Paracetamol and Antihistamine for administration to students during a residential visit and parental consent will be required in order for the school to administer their supply. The medication will be stored and administration recorded as for prescription medicines. Students should not bring non-prescribed medication on a residential visit for self-administration.

If medication is administered on a school trip a record is kept and passed to Student Services on return.

### **Complaints**

Issues arising from the medical treatment of a student whilst in school should in the first instance be directed to the Headteacher. If the issue cannot be resolved the Headteacher will inform the governing body who will seek resolution.

## Appendix 1: Procedure for Establishing IHCP

The parent/Healthcare Professional informs school that a child

- has been newly diagnosed
- is due to attend a new school
- is due to return to school following a long-term absence
- that medical needs have changed.

A meeting or telephone contact takes place to discuss and agree on the need for an IHCP.

The IHCP is completed by relevant trained staff and sent to Parent/carer for agreement this is signed by all parties.

On receipt of signed documents to Student Services only relevant staff will be notified with a copy of IHCP.

All IHCPs will be reviewed on an annual basis unless there are medical changes notified to school by the parent/carer prior to the end of year.

## Appendix 2: INDIVIDUAL HEALTH CARE PLAN (IHCP) for Students with Complex Medical Needs

Name of Student:	D.o.B:	Student Photograph
Medical/Physical Condition or Diagnosis:		
SEN (Code of Practice) Stage:	Year Group	

Date of IHCP:	People Present at Meeting:
Date for Review:	
Person Responsible for IHCP:	

<u>Professional Contacts:</u>
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<u>Additional Support</u>	
Amount of additional support needed (measured in units):	
Funding for additional support:	
<u>Current Support Workers (Including MDS):</u>	
Name:	Name:
Designation:	Designation:
Hours:	Hours:

Back-up Support Worker

Name:

Name:

Contact:

Contact:

Important Information about the Condition:

Medication:

**School should make reference to DFES Publication 1448-2005 DCL-EN  
'Managing Medicines in Schools and Early Years Settings'.**

Emergency Situations & Procedures:

Students suffering from Diabetes or in possession of an Epi-pen:

Parental consent is given for students to carry their own Insulin  NO  YES

Parental consent is given for student to carry their own auto-injector (epi-pen)  NO  YES

Consent is given for school to administer the school's spare auto-injector (epi-pen) if the student's own prescribed device cannot be administered without delay  NO  YES

I agree that I will explain to my child that they must keep their diabetes medication/auto-injector in their bag and that under no circumstances should they give their medication to any other student

NO  YES

Fire – Personal Emergency Evacuation Plan (PEEP):

NO

YES

If 'YES' has been ticked please attach PEEP to this IHCP.

***For guidance on completing a PEEP contact Wirral Local Authority's Health & Safety Department by telephoning – 0151 666 5601.***

Daily Management Issues

Specific Moving/Handling Advice:

***School should make reference to Wirral Local Authority's Health & Safety Policy & Guidance Document HS/ECS/014 - 'Safer Lifting & Handling Techniques'.***

Equipment Used in School:

***New equipment may need to be set up by the occupational therapist that ordered it. School should liaise with the Occupational Therapy Department once the equipment has been delivered. Contact – 0151 334 4000 extension 5208.***

***Wheelchairs – staff involved in moving children in wheelchairs should have access to the wheelchair's user manual to familiarise themselves with the wheelchair's operation. This will be available from parents for the school to copy.***

**Educational Implications**

Particular Advice to Subject Areas (Including PE):

Homework:

Exam Dispensation or Special Considerations:

Off Site Activities (Including Residential and Work Experience):

***For advice about accessible vehicles contact Wirral Local Authority's Transport Department by telephoning – 0151 666 4229.***

Post Sixteen Planning (Transition, Connexions etc):

Other Issues:

Parental Signature: .....

### Appendix 3 - Parental consent for school to administer prescribed medicine.

The school is unable to administer medication to your child unless you complete and sign this form:

**NOTE: All medication needs to be in its prescribed box with pharmacy label attached and patient information leaflet inside.**

DATE: .....

CHILD'S NAME: ..... DOB: .....

MEDICAL CONDITION/ILLNESS: .....

NAME & STRENGTH OF MEDICINE: .....

EXPIRY DATE: .....

DOSAGE & METHOD: .....

WHEN TO BE GIVEN: .....

ANY INSTRUCTION: .....

#### **PARENT/CARER CONTACT DETAILS**

NAME: .....

ADDRESS .....

DAYTIME CONTACT NUMBER: .....

RELATIONSHIP TO CHILD .....

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to the school staff administering medicine in accordance with the school policy. I will inform the school immediately in writing if there is any change in dosage or frequency of the medication or if the medicine is stopped.

PARENT/CARER SIGNATURE .....

PRINT NAME .....

If more than one medicine is to be given a separate form should be completed for each one.

Please return the form once completed to Student Services.

## Appendix 4 - Parent/carer consent to administer short-term non-prescribed medicines

The school will not administer medication unless this form is completed and signed. This information will be kept securely with your child's other records. If further information is needed, we will contact you. Please do not hesitate to contact the school if there are any issues you wish to discuss.

Student's Name:	DOB:
Year Group:	Form:

The Medicines Policy permits the school to administer the following non-prescription medication if your child develops the relevant symptoms during the school day. Students will be given a standard dose suitable to their age and weight. A note will be made in your child's planner to inform you when the school has administered medication. The school holds a small stock of the following medicines:

	<b>Paracetamol</b>
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	<b>Anti-histamine</b>
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***Tick the non-prescription medications above that you give your consent for the school to administer during the school day and confirm that you have administered these medications in the past without adverse effect. Please keep the school informed of any changes to this consent.***

Signature(s) Parent/Carer: .....

Print name:.....

Date:.....

## INDIVIDUAL HEALTH CARE PLAN (IHCP) (Non complex)

Child's name		Student Photo
Date of Birth	Form	
Medical diagnosis or condition		
Date	Review Date	

<b>Family Contact Information</b>	
Name	
Phone no. (work)	
(home)	
(mobile)	
Name	
Phone no. (work)	
(home)	
(mobile)	
<b>Clinic/Hospital Contact</b>	
Name	
Phone no.	
<b>G.P.</b>	

Name	
Phone no.	

Students suffering from Diabetes or in possession of an Epi-pen:

Parental consent is given for students to carry their own Insulin  NO  YES

Parental consent is given for student to carry their own auto-injector (epi-pen)  NO  YES

Consent is given for school to administer the school's spare auto-injector (epi-pen) if the student's own prescribed device cannot be administered without delay  NO  YES

I agree that I will explain to my child that they must keep their diabetes medication/auto-injector in their bag and that under no circumstances should they give their medication to any other student  NO  YES

Important Information about the condition:

Daily Management Issues:  
(Toileting, self-help skills, mobility around school etc.)

Medication:  
(For advice about '**Managing Medicines in Schools and Early Years Settings**' see DFES Publication 1448-2005 DCL-EN)

Emergency Situations & Procedures:

Off Site Activities (Including Residential & Work Experience Settings):

Other Issues:

Parental Signature (optional): .....

Weatherhead High School

## Appendix 5B: Healthcare plan for students suffering from Mild Asthma

Student's Name: \_\_\_\_\_

Form: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Student's Address: \_\_\_\_\_

### CONTACT INFORMATION

<b>Name</b>		<b>Name</b>	
<b>Phone No - Work</b>		<b>Phone No - Work</b>	
<b>Home</b>		<b>Home</b>	
<b>Mobile</b>		<b>Mobile</b>	
<b>Relationship to student</b>		<b>Relationship to student</b>	

1. Does your child need an inhaler in school? Yes/No (delete as appropriate)

2. Please provide information on your child's current treatment. (Include the name, type of inhaler, the dose and how many puffs?)

.....  
.....

Do they have a spacer? .....

3. What triggers your child's asthma? .....

.....  
.....

4. It is advised that students have a spare inhaler in school. Spare inhalers may be required in the event

that the first inhaler runs out is lost or forgotten. Inhalers must be clearly labelled with your child's name and must be replaced before they reach their expiry date. The school will also keep a salbutamol inhaler for emergency use.

Please delete as appropriate:

- My child carries their own inhaler YES/NO
- My child REQUIRES/DOES NOT REQUIRE a spacer and I have provided this to the school office
- I am aware I am responsible for supplying the school with an in date inhaler(s)/spacer for school use and will supply this/these as soon as possible. YES/NO

5. Does your child need a blue inhaler before doing exercise/PE? If so, how many puffs?

.....

6. Do you give consent for the following treatment to be given to your child as recognised by Asthma Specialists in an emergency? - Yes/No (delete as appropriate)

• **Give 6 puffs of the blue inhaler via a spacer**

- Reassess after 5 minutes
- If the child still feels wheezy or appears to be breathless they should have a further 4 puffs of the blue inhaler via a spacer
- Reassess after 5 minutes

• **If their symptoms are not relieved with 10 puffs of blue inhaler then this should be viewed as a serious attack:**

• **CALL AN AMBULANCE and CALL PARENT**

• **While waiting for an ambulance continue to give 10 puffs of the reliever inhaler every few minutes**

Please sign below to confirm you agree the following:

- I agree to ensure that my child has in-date inhalers and a spacer (if prescribed) in school.
- I give consent for the school to administer my child's inhaler in accordance with the emergency treatment detailed above.
- I agree that the school can administer the school emergency salbutamol inhaler if required.
- I agree that my child's medical information can be shared with school staff responsible for their care.

Signed:.....Print name.....

Date.....

Please remember to inform the school if there are any changes in your child's treatment or condition.