



MEDICINES POLICY

Responsible: L Dandy / SLT

Status: Statutory

Date reviewed: Spring 2023

Next review Date: Spring 2024

1. Responsibilities

Achieving for Children

AfC, on behalf of Kingston Local Authority, will ensure there is advice and guidance to schools on the necessary local policy and procedures to ensure the safety of students when medication is taken or administered during school time. This is included as part of the Safeguarding arrangements.

The headteacher is responsible for:

- implementing the Management Committee policy in practice and for developing detailed procedures;
- ensuring that staff who volunteer to administer medicines receive support and training wherever necessary;
- ensuring the school's local policies and procedures are communicated to parents;
- ensuring the school's insurance arrangements provide appropriate indemnity for staff against claims for alleged negligence providing they are acting within the remit of their employment;
- ensuring new and temporary staff are aware of any student in their class who may need specific medication for a serious medical condition.

Management Committee

Individual schools develop their own policies to cover local needs. The Management Committee has general responsibility for all of the school's policies even when it is not the employer. Each Management Committee will generally want to take account of the views of the headteacher, staff and parents in confirming local arrangements on assisting students with medical needs. In maintained schools the Management Committee must ensure that local arrangements comply with the Health and Safety policies and procedures produced by the Borough which is the employer.

The SenCo has overall responsibility for 'Children with Medical Needs' and the Management Committee must also ensure staff who volunteer to administrate medication receive appropriate accredited training.

Kingston School Health Team/Service and Kingston Hospital Paediatric Diabetes Service

The Kingston School Health Team and Kingston Hospital Paediatric Diabetes Services are responsible for:

- providing regular training for school staff in managing the most common medical conditions at school:
 - training on the use of the EpiPen for anaphylaxis by the School Health Team; and
 - insulin for diabetes by the Kingston Hospital Paediatric Diabetes Service;
- assisting the school with updating the school's medical conditions policy if required.

2. Policy

The Management Committee should ensure the school has a policy in place which summarises the arrangements for the administration of medicines in school. Consideration should be given as to how the policy will be implemented effectively, including a named person who has overall responsibility for policy implementation. Details to be included within the policy include:

- who is responsible for ensuring that sufficient staff are suitably trained,
- a commitment that all *relevant* staff will be made aware of a child's condition,
- cover arrangements in case of staff absence or staff turnover to ensure someone is always available,
- briefing for supply teachers,
- risk assessments for school visits, holidays, and other school activities outside of the normal timetable, and
- creation and monitoring of individual healthcare plans.

3. Non prescribed Medicines

Over the counter medicines are not kept by the school and staff are not permitted to administer any medication to students that has not been prescribed by a qualified medical practitioner. Occasionally some items may be taken on educational visits – see section 'Educational Visits'.

Arrangements for students who require regular Paracetamol (such as for painful periods, etc.) should be dealt with in the same way as prescribed medicines.

4. Prescribed Medicines

Medicines should only be taken to school when essential; that is where it would be detrimental to a child's health if the medicine were not to be administered during the school or setting 'day'.

School staff may administer prescription medicines, although there is no statutory or contractual duty for staff to do this. Parents must complete a recognised 'Administration of Medicines in Schools' form – example given in Appendix 1.

Medicines must be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. This will include:

- Name of child.
- Name of medicine.
- Dose (in some conditions this may vary on a daily basis).
- Method of administration.
- Time/frequency of administration.
- Any side effects.
- Expiry date.

5. Staff Indemnity

There is no statutory or contractual duty for head teachers or teaching staff to administer medicines. Consequently, to comply with this policy, we have volunteers from existing teaching or support staff (first aiders, SENCO) and the services of the school nurse.

As the administration of medicines is considered to be an act of "taking reasonable care" of the student, staff agreeing to administer medication can be reassured about the protection their employer would provide.

Staff employed at Malden Oaks, have insurance arrangements through Zurich Municipal, are fully indemnified against claims for alleged negligence providing they follow the guidance provided in this document and at relevant training courses. Staff must attend courses as detailed in this guidance in order to ensure they have received an appropriate level of training.

Zurich has stated the following:

"The Public Liability policy that you have with us covers the insured, school Management Committee, teachers, other employees and volunteers should a claim be made against them from a pupil who alleges that they have sustained an injury or damage to their property as a result of the negligent provision of medical treatment.

The policy covers the administration or supervision of prescription and non prescription medication orally, topically, by injection or by tube and the application of appliance or dressings. This applies to both straightforward and complex conditions. We would expect that the teachers, employees and volunteers would have received appropriate training and that this is reviewed on a regular basis.

Cover applies up to the full policy limit and in addition the policy covers costs incurred in defending any claim. The policy excess/deductible, if any, will apply as normal. The policy applies to all school activities including extra curricula activities and school trips at home and abroad. Cover also applies to any first aid activities carried out by teachers, employees and volunteers."

6. Training

Training for staff should be of a suitable standard in order to ensure they are competent to administer medicines safely.

Remember that First Aid training includes information about a range of conditions, including asthma and epilepsy, and providing initial first aid to people with those conditions where appropriate. First aid training therefore remains an important and complimenting source of information in addition to the training provided by the above organisations.

Administration of some specific medication requires specific training, including the following:

Medication	Situation	Training Provider
Epipen		School Health Team Ku19@yourhealthcare.org

Rectal Diazepam	For disabled children attending mainstream or special schools.	Nicola Rocco, Moor Lane Centre, 030 8547 5746.
Buccal Midazolam	For disabled children attending mainstream or special schools.	Nicola Rocco, Moor Lane Centre, 030 8547 5746.
Insulin		Kingston Hospital Paediatric Diabetes Team pdt@kingstonhospital.nhs.uk
Rectal Diazepam	For non-disabled children	PONT – Paediatric Outreach Nursing Team, Kingston Hospital, 020 8546 7711, extn. 2327.
Buccal Midazolam	For non-disabled children	PONT – Paediatric Outreach Nursing Team, Kingston Hospital, 020 8546 7711, extn. 2327.

7. Medicines Brought into School & Precaution Treatment for Serious Medical Conditions

Diabetes

Changes in the availability of insulin and evidence showing that insulin is much more effective at keeping blood sugar levels normal when it is given along with every meal i.e. breakfast, lunch and evening meal, means that many students may now need to have insulin injection in school at lunch times. In light of the recent developments in the treatment of diabetes, schools are encouraged to support children with the administration of insulin and take responsibility for procedures.

All students will now only use the safer needle devices to prevent sharps injuries to staff.

Appropriate training for school staff is available from the Kingston Hospital Paediatric Diabetes team (PHT). [School staff must attend a course organised by the PHT](#) and annual refreshers to ensure they are competent to carry out the administration of insulin.

Training will cover:

- General overview of diabetes
- Monitoring of blood glucose levels
- Practical administration of insulin (including equipment) including the use of safety needles to prevent the risk of sharps injuries
- Treating emergency situations (including hypos)
- Access to healthy and appropriate food

Asthma

Schools should request parents/carers to provide a list of medications the student receives, noting which ones need to be taken during school hours. Also, medication needed during school activities “off-site” and “off-hours” should be noted and available. Students are encouraged to keep inhalers with them at all times – but this can vary according to age and ability. If inhalers cannot be kept by individual students they should be readily available in the classroom. In most cases students can carry these with them at all times. Parents should provide a spare inhaler that is clearly labelled with the student's name and should not be used for any other student. Schools should ensure that there is:

- a specific plan of action for staff in case of an acute episode that may include guidance for monitoring peak flow (in more severe cases);
- information for the staff to be aware of identified triggers that can make asthma worse;
- an emergency procedure and phone numbers for each student
- Ensure there are staff trained in first aid at the school will help to ensure there are staff on site who understand when the use of the inhalers is going as expected and when the inhaler is not improving the child's condition quickly enough and emergency action is needed.

Spare Emergency Inhaler

It is now entirely proper for schools to keep a Salbutamol inhaler and (probably 2) spacers for use in an emergency. The emergency salbutamol inhaler should only be used by children:

- who have been diagnosed with asthma, and prescribed a reliever inhaler;
- OR who have been prescribed a reliever inhaler;
- AND for whom written parental consent for use of the emergency inhaler has been given.

This information should be recorded in a child's individual healthcare plan.

For more information about the provision of emergency inhalers, refer to the Department of Health's guide entitled: Emergency Inhalers in Schools, 2015.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/416468/emergency_inhalers_in_schools.pdf

Allergy and Anaphylaxis

Every student who is at risk of anaphylaxis should be prescribed an adrenaline auto-injector (AAI). Treatment of anaphylaxis requires intramuscular adrenaline - an injection of adrenaline into the muscle. The student may be prescribed one of two adrenaline injectors, either the EpiPen or the Anapen.

Where school staff agree to administer treatment and medication to a student in an emergency, training sessions must be arranged by the school nurse/School Health Team. Annual refreshers are required.

Training will include:

- signs and symptoms of anaphylaxis;
- emergency procedures, including where and how to administer the student's prescribed adrenaline injector.

Schools will have local procedures for each students which include:

- Reducing the risk of coming into contact with the allergen (e.g. nuts, eggs, bee stings)
- Arrangements for educational visits
- When to administer adrenaline
- How to administer intra-muscular adrenaline
- Requesting that parents provide two epipens
- Staff training

Spare Adrenaline Auto-injectors (AAI)

The DfE guidance on adrenaline auto injectors (AAIs) encourages (but doesn't mandate) schools to purchase a spare AAI and highlights the requirement for consent from parents and a medical professional. The parents still need to provide an AAI – the spare does not replace this need and nor should it be considered a second AAI.

Quote from the DfE Guidance:

"Schools may administer their "spare" adrenaline auto-injector (AAI), obtained, without prescription, for use in emergencies, if available, but only to a student at risk of anaphylaxis, where both medical authorisation and written parental consent for use of the spare AAI has been provided.

The school's spare AAI can be administered to a pupil whose own prescribed AAI cannot be administered correctly without delay.

AAIs can be used through clothes and should be injected into the upper outer thigh in line with the instructions provided by the manufacturer.

If someone appears to be having a severe allergic reaction (anaphylaxis), you MUST call 999 without delay, even if they have already used their own AAI device, or a spare AAI.

In the event of a possible severe allergic reaction in a pupil who does not meet these criteria, emergency services (999) should be contacted and advice sought from them as to whether administration of the spare emergency AAI is appropriate."

Epilepsy

The majority of people with epilepsy take regular medication with the aim of controlling their seizures. Some students with difficult to control epilepsy may take several different types of medication.

Some students will require prescribed emergency medication, such as rectal diazepam or buccal midazolam, which aim to bring them out of the seizure before they have repeated episodes – one after the other. Such medication can only be administered by a trained member of staff. See training providers in section 6 of this guidance.

Individual Healthcare Plans

Individual Healthcare Plans (IHCPs) should be prepared for students with medical conditions to provide clarity about what needs to be done, when and by whom. They will often be essential, such as in cases where conditions fluctuate or where there is a high risk that emergency intervention will be needed. IHCPs are also likely to be helpful where medical conditions are long-term and complex. However, most children who require medicines everyday for long term conditions during school day will require one. The school, healthcare professional (either the GP or a specialist from hospital or the community) and parent should agree, based on evidence, when a healthcare plan would be inappropriate or disproportionate. An Individual Healthcare Plan form is provided as Appendix 6.

Defibrillators

Sudden cardiac arrest is when the heart stops beating and can happen to people at any age and without warning. When it does happen, quick action (in the form of early CPR and defibrillation) can help save lives. A defibrillator is a machine used to give an electric shock to restart a patient's heart when they are in cardiac arrest. Modern defibrillators are easy to use.

The DfE is encouraging all schools to consider purchasing a defibrillator as part of their first aid equipment. Schools should therefore take a risk assessment approach, for example by considering what sports activities take place, how many outside lets and other out of hours events take place at the school (e.g. elections, fetes, car boot sales, swimming sessions, etc.) when deciding whether to go ahead.

If schools install a defibrillator for general use they should notify the local NHS ambulance service of its location. Information about defibrillators for schools is provided in this DfE document - Automated external defibrillators (AEDs) - A Guide for Schools:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/843393/AED_guide_for_schools_Sept2019_v2_accessible.pdf

All schools in the UK, including maintained schools, academies and independent schools, are able to purchase AEDs from NHS Supply Chain under the arrangements put in place by the Department for Education. Further information is provided in the DfE guide (link provided above).

Whilst defibrillators are designed to be easy to use without training, schools purchasing them should arrange for a short training session for staff which should be repeated at set intervals.

Staff members appointed as first aiders should already be trained in the use of CPR.

Weekly checks of the defibrillator should be carried out by staff to ensure they read 'OK' and there is at least one bar showing for the battery level symbol.

Forms (see Appendices)

- Parental Agreement (Appendix 1)
- Record of Medicines Administered (Appendix 2)
- Record of Insulin (Appendix 3)

Parental Agreement for School to Administer Medicine

The school will not give your child medicine unless you complete and sign this form.

Name of Student	
Medicine	
Name/type of Medicine	
Date Dispensed	
Expiry Date	
Dosage and method	
Time	
Special precautions	
Possible side effects	
Emergency procedures	
Contact Details	
Name	
Daytime Telephone	

Name of Student	
Medicine	
Name/type of Medicine	
Date Dispensed	
Expiry Date	
Relationship to student	

I accept that this is a service that the school is not obliged to undertake. I understand that I must notify the school of any changes in writing.

Name:

Signature:

DATE:

STUDENT NAME:

Record of Medicine administered:

MEDICINE:

Date	Time	Dose	Any reaction	Print Name

Record of Insulin administered to

Date	Blood sugar	Time	Dose	Any reaction	Print Name