Medication and Associated Procedures Policy

Date of Adoption:	**December 2024**
Review Date:	**December 2026** **(or sooner if required)**
Signed by: **Chair of Local Academy Council**	**Lucas Van Der Shalk**
Date	

General Introduction

Hallmoor School is an academy school and is part of the Forward Education Trust, All of the pupils who attend Hallmoor School have an Education and Health Care Plan. Children may have Severe Learning Difficulties (SLD), Speech, Language and Communication Difficulties (SLCN)) or a diagnosis of Autistic Spectrum Condition (ASC). Some children have additional needs including visual impairment, hearing impairment and associated behavioural difficulties. The school is an all age, 4-19 school and has approximately 240 pupils on roll. The pupils are drawn from an extensive area of Birmingham. It is a multi- cultural school and its pupils reflect the cultural diversity of the area, which it serves.

Rationale

The School recognises the need to conform to the Department for Education's statutory guidance "Supporting pupils at school with medical conditions: Statutory guidance for governing bodies of maintained schools and proprietors of academies in England" DfE December 2015 (reissued August 2017) and the Local Authority's and Primary Care Trust's statements and guidance on 'Administration of Medication'. It also wishes to ensure all pupils requiring medication feel secure in the school's ability to support them, and to administer the medication efficiently and in accordance with relevant instructions. Nurses deployed to school through the PCT work in line with information set out in 'The Administration of Medicines in Schools and Settings: A Supplemental Guidance Document – February 2018) (if applicable)

Health Care Plans

Long term medical conditions need to be properly managed to allow maximum attendance and participation at school by the pupil. An individual health care plan can help the school to identify the necessary safety measures to support pupils with medical needs and ensure that they and others are not put at risk. The school must hold detailed information about a pupil's medical needs from their parent in conjunction with the child's doctor. At Hallmoor School care plans are drawn up prior to the child starting school with our multidisciplinary partners and they will reflect any and all issues related to medicating and support of the health care of the child while in school. These reflect such things as:

- Circumstances (if any) when children may take non-prescribed medication e.g. pain killers
- Help for pupils with long term medical needs
- The need for written agreement from parents/guardian for administration of any medication.
- The need for the school to have information relating to chronic conditions
- Record keeping
- Storage and access to medication

Health Care Plans at Hallmoor School are usually developed prior to the child starting at school however If a condition develops or changes when the child already attends then a Health Care Plan must be developed/changed immediately with input from the parents/carers and appropriate Health Care Professionals. In some cases, it may be necessary for attendance to stop until the Health Care Plan and appropriate training has

been put into place. This will be determined by the Paediatric Consultant assigned to the child in consultation with other health care professionals, the school and the parents/carers This is to ensure that school remains a safe place for the child and ensures that staff can meet the needs of the child appropriately and provide the level of support that is required.

Monitoring Care

Multi-disciplinary meetings are used as a way of sharing information and educational and care needs are usually discussed collectively to ensure that the child has as many medical barriers removed in order that the child may enjoy their educative experience while at school. The child's Annual Review of their Education, Health and Care Plan (EHCP) and the supporting paperwork from medical professionals will ensure the effective information sharing related the child's medical and educational care while at school.

Receiving and Storing Medication

Non-emergency medication that has to be stored at school is stored safely and securely in a cool place which pupils cannot access by accident. Authorised staff will also receive and store medicines in school in their secure cabinet/store cupboards. Trained staff log receipt of the medication in the medical folder.

Items requiring refrigeration are kept in a clearly labelled closed container in the secure medicine fridge located in the authorised rooms which pupils do not have open access to. The temperature of the fridge is monitored each school day and recorded. Children should be able to access their medicines, particularly for self-medication, quickly and easily, but all storage facilities should be secure and in an area which cannot be accessed by children without the supervision of an adult.

The child's Care Plan sets out whether it is appropriate for the child to administer their own medication but generally pupils in secondary schools should be allowed to be in charge of their own medication, either by keeping it securely on their person, or in lockable facilities at the school which they have access to. Children in primary schools are less likely to be competent to manage their own medication but in all cases it will depend on the child's age, maturity, parent's and medical professional's views and school consent. No child in our school will manage their own medication with parental consent.

All emergency medication must be stored in a safe location known to the child and relevant staff, which is easily accessible in case of emergency. If the safe location is locked, it is essential that the keys can be quickly and easily accessed.

Disposal of any sharp items (sharps)

Some medical conditions and medications require the use of sharp items (sharps), for example lancets for blood glucose monitoring, which carry the risk of accidents that could lead to infection with blood borne viruses, which are preventable with careful handling and disposal. The sharps bins are stored securely in the Medical Room or other authorised rooms in a safe position at waist height with a temporary closure mechanism for when the

bin is not in use. **Sharps bins must never be kept on the floor.** It is the personal responsibility of the individual using the sharp to:

- dispose of it safely i.e. the Special School Nurse or the member of school staff assisting the pupil.
- That a suitable sized sharps bin must be brought to the point of use so that used sharps can be disposed of immediately;

The sharp bins are obtained by the Special School Nursing Service who also arranges for their collection. Children should not be carrying used sharps bins to and from school themselves therefore arrangements for disposal should be outlined in the child's Care Plan.

School Trips, Visits and Sporting Events

School should consider what adjustments can reasonably be made to enable children with medical needs to participate safely and as fully as possible on school trips which, for best practice, should include a risk assessment. Schools may decide to include this information in a child's Care Plan, but on an event by event basis may need to consult parents, pupils and a healthcare professional to ensure that pupils can participate safely. We consult with parents about any visits off site requiring administration of medication.

If pupils do not normally administer their own medication, then a trained member of staff or parent should accompany the child on the off-site activity. The Consent Form to Administer Medicine should include off-site visits.

Over the Counter Medicines (OTC) (non-prescription)

The Medicines and Healthcare Products Regulatory Agency license all medicines and classifies them as OTC when it considers it safe and appropriate that they may be used without a prescription. Birmingham Local Medical Committee considers it a misuse of GP time to provide an appointment for a child with the sole purpose of acquiring a prescription for an OTC medicine. Sometimes a pupil's medical condition may mean that they need to take OTC medication. Other staff within school cannot give Head Teacher approval in this situation.

OTC medicines can be administered to pupils on the same basis as prescription medication, i.e. where medically necessary, with the parent's written consent, when approved by the head teacher in accordance with the school's policy and as set out in the pupil's Care Plan, if one is in place.

Parents should be informed if OTC medication has been administered that day, and it is good practice to ask the parent to sign the School Record of Medication Administered to acknowledge that the school has told them that you have given the agreed medication.

With OTC medications the dose and frequency must be consistent with the guidance and dosage on the packaging and schools should check with parents the date and time that the child took the most recent dose.

Specific types of Medication

Analgesics (Painkillers)

For children who regularly need analgesia, such as paracetamol (e.g. for migraine), an individual supply of their analgesic could be kept in school, labelled for that child only. We do not keep stock supplies of analgesics for potential administration to any child. Parental written consent must be obtained along with Head Teacher approval.

Children under 16 should never be given medicines containing aspirin or ibuprofen unless prescribed by a Doctor and therefore OTC written requests will be declined by the school.

Methylphenidate (e.g.Ritalin, Metadate, Methylin)

Methylphenidate is sometimes prescribed for children with Attention Deficit Hyperactivity Disorder (ADHD). Its supply, possession and administration are controlled by the Misuse of Drugs Act 1971 and its associated regulations. Schools must store Methylphenidate in a locked non-portable container and place to which only named staff have access.

Schools must keep a record when new supplies of Methylphenidate are received and a record of when the drug is administered. A pupil's unused Methylphenidate must be sent home with their parent and schools should record that the medication has been returned, and the amount. This will enable schools to make a full reconciliation of supplies received, administered and returned home.

Antibiotics

School encourages parents to ask the GP to prescribe antibiotics in dosages which mean that the medicine can be administered outside of school hours, wherever possible.

This will mean that most antibiotic medication will not need to be administered during school hours. For example, if the prescription states that twice daily doses should be given, these can be administered in the morning before school and in the evening after school, and if the prescription requires three doses a day these can often be given in the morning before school, immediately after school and at bedtime. Antibiotics should always be administered in accordance with the prescriber's instructions. It should normally only be necessary to administer antibiotics in school if the dose needs to be given four times a day, in which case a dose is needed at lunchtime.

School should check with parents that the child is not known to be allergic to the antibiotic and note the response on the parental consent form. School should ask parents or the pupil, if they are competent and the parent agrees, to bring the prescribed labelled antibiotic into school in the morning and take it home again at the end of each day. Where a child is not deemed appropriate to handle and pass over medication an adult (parent or guide) may do so.

Children are most likely to have an adverse reaction to a new antibiotic after the second dose, therefore we recommend that parents administer the first and second doses of the course and monitor their child for an appropriate amount of time afterwards.

All antibiotics must be clearly labelled with the child's name, the name of the medication, the dose, the date of dispensing, and be in their original container.

School must check the label on the antibiotic carefully as this will state;

- Whether the antibiotic needs to be stored in a refrigerator, which will be the case with many liquid antibiotic;
- Whether it needs to be taken at a certain time and before, after or with food; and
- The dosage, which should be carefully measured with an appropriate medicine spoon, medicine pot, or oral medicines syringe provided by the parent if the antibiotic is liquid, otherwise the appropriate number capsules should be taken with a glass of water.

Appropriate records will be made which will include if the pupil does not receive a dose and the parent will be informed that day that a dose has been missed and given the reason why that was the case.

8. Return of Medication

Schools' policies and, where there is one, a child's Care Plan should explain when medication will be returned the child's parent, for example whenever:

- The course of treatment is complete;
- Labels have become detached or unreadable (NB: Special care should be taken to ensure that the medication is returned to the appropriate parent);
- The Care Plan is updated or changed and/or information about how to treat the child's medical condition is updated; or
- The medication's expiry date has been reached.

Return of the medication will be documented on the administration record held in the child's file and the parent will be advised to return unused medication to their pharmacist.

In exceptional circumstances, e.g. when a child has left the school, schools can take unused medication to a community pharmacy for disposal. Medication should not be disposed of in the normal refuse, flushed down the toilet, or washed down the sink.

Administering Medication

Trained school (educational) staff administer medication and feeds within school. Training for staff is specific to the individual child concerned and training is logged by the nursing team using their training log proformas.

Before medication can be administered a 'Medication Consent/Information Form' must be filled in and signed by the parent/carer. This is usually carried out prior to admittance of the child to school.

Schools should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted in school.

Emergencies

Emergencies (whatever the cause) are always be treated as such. The medical staff and in their absence senior leaders on site will determine the best course of action and will phone or instruct someone to phone for an ambulance as required.

All staff know how to call the emergency services. They know who the qualified first aiders are and where to get hold of them in an emergency within the school. In addition, they should also know the location of the school nurse base or first aid facilities.

Emergency Medication

Individual Care Plans will explain the procedures for dispensing medication in an emergency. Anyone caring for children, including teachers and any other school staff in charge of children, have a common law duty to act like any reasonably prudent parent and ensure that children are safe and well cared for in school which will extend to taking action in an emergency, for example by calling emergency services or arranging for medicine to be administered. The Special School Nurse will arrange / consider what information or training is needed to provide to new or temporary staff to enable them to comply with this duty, particularly if there are children with specific needs.

School does make staff aware that, generally, the consequences of taking no action in an emergency are likely to be more serious than the consequences of trying to assist. Pupil's' emergency medication must be readily accessible in a location which staff and the individual pupil know about, because in an emergency, time is of the essence.
The most common types of emergency medication which schools may be asked to administer include: -

- Buccolam (midazolam), used to treat epilepsy.
- Adrenaline, under the brand names epipen, jext, emerade, used to treat anaphylaxis caused by an allergic reaction;
- Glucose or dextrose tablets which may be branded Hypostop, used to treat hypoglycaemia caused by diabetes; and
- Inhalers, used to treat asthma (usually the blue 'reliever' inhaler).

School arranges for training for all staff on how to handle emergency situations using the Birmingham School Health Advisory Service Nurses or appropriate specialist nurses, and this includes training for the school staff who have volunteered to administer emergency medication.

An emergency medical report for all emergencies is kept by medical staff and retained on file.