



## **Durrington Multi Academy Trust**

### **Managing medical conditions in school**

Durrington Multi Academy Trust has developed clear guidelines and protocols that that is understood and accepted by all staff, parents/carers and students.

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 pupils at their school with medical conditions'. The governing body will ensure that these arrangements fulfil their statutory duties and follow guidance outline in 'Supporting pupils at school with medical conditions' December 2015'.

Medicines will be administered to enable the inclusion of pupils with medical needs, promote regular attendance and minimise the impact on a pupil'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 might mean giving medicines or medical care.

This policy includes:

- Procedures for managing prescription medicines which need to be taken in the school day
- Roles and responsibilities of staff administering medicines
- A clear statement of parental responsibilities in respect of medicines
- Written permissions from parents for medicines
- Assisting children with long term medical needs
- Staff training
- Record keeping
- Safe storage of medicines
- The school's emergency procedures

## **Pupils with medical needs**

**The school will follow Government guidelines and develop an IHP or EHC for pupils who:**

- Have long term, complex or fluctuating conditions – these will be detailed in Template D
- Require medication in emergency situations – these will be detailed using Template B for mild asthmatics and Templates B and D for anaphylaxis.

Parents/guardians should provide the Executive Headteacher/Head of School with sufficient information about their child's medical condition and treatment or special care needed at school. Arrangements can then be made, between the parents/guardians, Executive Headteacher/Head of School, School Nurse and other relevant health professionals to ensure that the pupil's medical needs are managed well during their time in school. Healthcare plans will be reviewed by the school annually or earlier, if there is a change in a pupil's medical condition.

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

On no account should a child come to school with medicine if he/she is unwell. Parents may call into the school and administer medicine to their child, or they may request that a member of school staff administers the medicine. If a pupil refuses their medication, they should not be forced, the school will contact the parent/guardian and if necessary the emergency services. Pupils should not bring any medication to school for self-administration.

The school will keep a small stock of paracetamol, ibuprofen and antihistamine, for administration with parental consent (Template A) (Appendix 1) or gained at the time of administration) for symptoms that arise during the school day. All other medication must be supplied by the parent/guardian in the original pharmacist's container clearly labelled and include details of possible side effects e.g. manufacturer's instructions and/or patient information leaflet (PIL). Medicines must be delivered to Reception and handed to a member of the medical room staff with the appropriate consent form (Template A or Template B) completed. The school will inform the parent/guardian of the time and dose of any medication administered by providing the student with a medication notification slip to take home.

### **Confidentiality**

As required by the General Data Protection Act 2018, school staff should treat medical information confidentially. Staff will consult with the parent, or the pupil if appropriate, as to who else should have access to records and other information about the pupil's medical needs and this should be recorded on the IHP or EHC. It is expected that staff with contact to a pupil with medical

needs will as a minimum be informed of the pupil's condition and know how to respond in a medical emergency.

### **Consent to administer medication**

Parental/guardian consent to administer medication will be required as follows:

Short term ad-hoc non-prescribed medication - The school will request parent/guardian consent to administer ad-hoc non-prescription by either using non-prescribed medication consent form (Template A) when the pupil joins the school OR by contacting the parent/guardian to gain consent at the time of administration (conversations will be recorded). Parents/Guardians are informed (via the School website and stated on medication consent forms) of the need to inform the school if there are any changes to consent gained when the student joined the school. If the school is not informed of any changes by the parent/guardian it will be assumed that consent remains current.

**Prescribed and non-prescribed medication - each request to administer medication must be accompanied by an 'agreement for School to administer medication' form, either (Template A) (non-prescribed medication) or Template B (prescribed medication) or if applicable on the IHP**

### **Prescription Medicines**

Medicine should only be brought to school when it is essential to administer it during the school day. 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 and the parent/guardian informed. Parents/guardians **are expected to remove any** remaining medicine from school once the prescribed course has been completed.

### **Non-prescription Medicines**

Under exceptional circumstances where it is deemed that their administration is required to allow the pupil to remain in school the school will administer non-prescription medicines. 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 IHP (Template D) or EHC as part of a wider treatment protocol. As recommended by the Government in 'Supporting Pupils at School with Medical Conditions December 2015' the school will also not administer aspirin unless prescribed. The storage and administration for non-prescription medication will be treated as prescription medicines.

If the relevant symptoms develop during the school day as detailed under the paragraph below 'short term ad-hoc non-prescribed medication' the school will administer the following non-prescription medications:

- paracetamol (to pupils of all ages)
- ibuprofen (pupils age 12 and over)
- Antihistamine

**All other non-prescription medications will only be administered by staff, providing:**

- The parent/guardian confirms daily the time the medication was last administered and this is recorded on Template A
- medication is licensed as suitable for the pupil's age; medication is suitable for the pupil i.e. if a child is asthmatic the medication is suitable for that condition;
- administration is required more than 3 to 4 times per day;
- medication is supplied by the parent or guardian in the original packaging with the manufacturer's instructions and/or (PIL);
- and accompanied by parental/guardian consent (Template A) and confirmation the medication has been administered previously without adverse effect;

**The school will NOT administer non-prescription medication:**

as a preventative, i.e. in case the pupil develops symptoms during the school day;

if the pupil is taking other prescribed or non-prescribed medication, i.e. only one non-prescription medication will be administered at a time; any requirement for a non-prescription medication to be administered during school hours for longer than 48 hours must be accompanied by a doctor's note. In the absence of a doctor's note and if following the administration of a non-prescription medication symptoms have not begun to lessen in the 48 hours, the school will advise the parent to contact their doctor. If symptoms have begun to alleviate, the medication can continue to be administered at home or out of school hours. Under very exceptional circumstances where the continued administration of a non-prescribed medication is required to keep the pupil in school and this requirement has not been documented by a medical professional, the school will continue to administer medication at their own discretion.

A request to administer the same or a different 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/guardians will be advised to contact their Doctor.

Medication that is sucked i.e. coughs sweets or lozenges, will not be administered by the school.

if parents/guardians have forgotten to administer non-prescription medication that is required before school – requests to administer will be at the discretion of the school and considered on an individual basis.

### **Short term ad-hoc non-prescribed medication**

A small stock of standard paracetamol, ibuprofen 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 liquid or tablet form for the relief of pain i.e. period pain, migraine.

Standard Ibuprofen will ONLY be administered in tablet form to pupils age 12 and over for period pain, migraine and muscle/skeletal disorders involving inflammation i.e. joint sprains.

Ibuprofen will NOT be administered to any pupil diagnosed with asthma.

### **For mild allergic reaction – anti-histamine (see Anaphylaxis)**

For travel sickness – medication will be administered if required before educational visits and must be age appropriate and supplied by the parent/guardian in its original packaging with the PIL if available.

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

Pain relief protocol for the administration of paracetamol and ibuprofen  
If a request for non-prescribed pain relief is made by a pupil or carer/staff (advocate for a non-verbal/non-communicating pupil) then:

The school will contact the parent/guardian and confirm that a dose of pain relief (Paracetamol or Ibuprofen) was NOT administered before school, parents/guardians and if appropriate the pupil will also be asked if they have taken any other medication containing pain relief medication i.e. decongestants e.g. Sudafed, cold and flu remedies e.g. Lemsip and medication for cramps e.g. Feminax etc. and these conversations will be recorded. 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/guardian and therefore cannot confirm if pain relief (Paracetamol and Ibuprofen) was administered before school then 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 8am) no more than 4 doses can be administered in 24 hours.

IBUPROFEN - The school will NOT administer Ibuprofen at all during the school day if it has been administered at home before school.  
The school will inform the parent/guardian if pain relief has been administered this will include the type of pain relief and time of administration.

### **Asthma**

The school recognises that pupils with asthma need access to relief medication at all times. The school will manage asthma in school as advised by Asthma specialists. Pupils with asthma will be required to have an emergency inhaler and a spacer (if prescribed) in school. The school may ask the pupils parent or guardian to provide a second inhaler. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept. The school inhaler will only be used in an emergency and will always be used with a spacer (if prescribed) as advised by Asthma specialists. The school will develop IHP's for those pupils with severe asthma, and complete the Individual Protocol for pupils with mild asthma.

### **Anaphylaxis**

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

In accordance with the Medicines and Healthcare Products Regulatory Agency (MHRA) advice the school will ask parent/ guardian(s) to provide 2 auto-injectors for school use. Parents are responsible for this medication being in date and the school will communicate with the parents if new medication is required and a record of these communications will be kept.

### **Mild Allergic Reaction**

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 pupil must be monitored for signs of further allergic reaction. If antihistamine is not part of an initial treatment plan, anaphylaxis medication will be administered following the guidance for short term ad-hoc non-prescribed medication.

Some antihistamine medication can cause drowsiness and therefore the school will consider if it is necessary for pupils to avoid any contact hazardous

equipment after administration of the medication i.e. P.E. Science, Design and Technology.

### **Hay fever**

Parent(s)/guardian(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.

### **Severe Allergic Reaction**

Where a GP/Consultant has recommended or prescribed antihistamine as an initial treatment for symptoms of allergic reaction this will be detailed on the pupils IHP. The school will administer 1 standard dose of antihistamine (appropriate to age and weight of the pupil) and it is very important that symptoms are monitored for signs of further allergic reaction. During this time pupils must NEVER be left alone and should be observed at all times.

***If symptoms develop or there are any signs of anaphylaxis or if there is any doubt regarding symptoms then if the pupil has been prescribed an adrenaline auto injector it will be administered without delay an ambulance called and the parents informed.***

In a medical emergency, first aid is given, an ambulance is called and parents/carers are notified. Should an emergency situation occur to a pupil who has an IHP or EHC, the emergency procedures detailed in the plan are followed, and a copy of the IHP or EHC is given to the ambulance crew. If applicable the pupil's emergency medication will be administered by trained school staff, if the pupils medication isn't available staff will administer the schools emergency medication with prior parental consent.

In accordance with amendments made to the Human Medicines Regulations 2012 from October 2014 a sufficient number of salbutamol inhaler(s) spacer(s) will be held by the school to cover emergency use. Parents are expected to provide 2 in date auto-injectors for administration to their child, if the school does not hold 2 in date auto-injectors for each pupil then a suitable number of auto-injectors will be purchased for use by the school in an emergency.

Parental consent to administer the 'school inhaler and/or auto-injector' will be gained when the pupil joins the school using Template B. The school will hold a register of the pupils diagnosed with asthma and/or anaphylaxis, and if parental consent has been given, to administer the school medication. The school will be responsible for ensuring the school medication remains in date.

### **Controlled Drugs**

The school does not deem a pupil prescribed a controlled drug (as defined by the Misuse of Drugs Act 1971) as competent to carry the medication

themselves whilst in school. Controlled drugs will be stored securely in a non-portable locked medicines cabinet in a locked room and only named staff will have access. Controlled drugs for emergency use e.g. midazolam will not be locked away and will be easily accessible. The administration of a controlled drug will be witnessed by a second member of staff and records kept. In addition to the records required for the administration of any medication, a record will be kept of any doses used and the amount of controlled drug stock held in school (Template C)

### **Pupils taking their own medication**

For certain long-term medical conditions, it is important for children to learn how to self-administer their medication. Appropriate arrangements for medication should be agreed and documented in the pupil's IHP or EHC and parents should complete the self-administration section of 'Parental consent to administer medication' form (Template B)

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

All medicines apart from emergency medicines (inhalers, adrenaline auto injector, midazolam etc.) will be kept securely (where access by pupils is restricted). Medicines are always stored in the original pharmacist's container. Pupils are told where their medication is stored and who holds the key and staff will be fully briefed on the procedures for obtaining their medication.

Emergency medicines such as inhalers, adrenaline auto injectors and midazolam must not be locked away. If appropriate certain emergency medication can be held by the pupil or kept in the Medical Room. The school will make an assessment as to the competency of each individual pupil to carry their own medication. Parents will be asked to supply a second adrenaline auto injector and/or asthma inhaler for each child and they will be kept in the Medical Room. Staff must ensure that emergency medication is readily available at all times i.e. during outside P.E. lessons, educational visits and in the event of an unforeseen emergency like a fire.

### **Record Keeping – administration of medicines**

For legal reasons records of all medicines administered are kept at the school until the pupil reaches the age of 24. This includes medicines administered by staff during all educational or residential visits. The pupil's parent/ guardian will also be informed if their child has been unwell during the school day and medication has been administered.

### **Educational Visits**

Any medicines required by a student that would need to be taken on an educational visit/trip the student is attending will be part of the overall risk assessment for the visit/trip. Medicines not self-managed by students will be in the safe care of a nominated member of the support staff. This colleague should be one who is willing to carry this responsibility. Complex medical

needs for a specific pupil may necessitate a health plan for the visit. Members of staff who lead trips are expected to seek advice from the school medical room at least 2 weeks in advance of the visit/trip date in relation to any questions they have relating to medication/a student's medical needs.

### **Sporting Activities**

Given the distance between the school field and the school, due care and attention is taken in ensuring the medical needs of individual students, including those who may suffer from an asthma attack, are met. Students are expected, as necessary to hand to their teacher any emergency type medication they could need during lessons (epipens or inhaler are examples). Both of these must be labelled clearly with the student's full name and date of birth and it is the responsibility of the student/parent/carer to do this.

### **The Governing Body**

The governing body will be made aware of this policy and its role in being generally responsible for all school policies.

### **The Executive Headteacher/Head of School**

The Executive Headteacher/Head of School will ensure that all staff receive appropriate support and training and aware of this policy. Likewise the Executive Headteacher/Head of School will inform the parents of the policy and its implications for them. In all complex cases the appropriate staff member (Executive Headteacher/Head of School) will liaise with the parents and where parent expectation is deemed unreasonable then further advice will be sought. We encourage parents/carers to get as much information directly from the lead medical professional as possible to enable the school to put in place the best possible plan/care for the child.

### **Teachers and Other Staff**

All staff are regularly updated by the medical room of the possible medical risks attached to certain students. They should be aware of possible emergency action and emergency contacts.

**Reviewed September 2019**

**Template A – Non-Prescribed Medication consent form**

**Agreement for School to administer NonPrescribed Medication**

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

**Please note that medication must be in the original container (with Patient Information leaflet enclosed)**

**PUPIL DETAILS**

Surname: ..... First Name: .....

Tutor Group: .....

Address:

.....  
.....  
.....

Condition / Illness:

.....

**MEDICATION DETAILS**

Name of medication (as described on container)

.....

Please specify how long your child will need to take this medication:

**Short term:** Dates From ..... To ..... **Ongoing:** Start date: .....

Date Medication bought: .....

Dosage to be administered: (as per label/instructions on medication)

.....

Time to be administered: .....

Special precautions/Possible side effects:

.....

Procedures to take in an emergency:

.....

**CONTACT DETAILS**

Name: ..... Daytime Telephone Number:

.....

Relationship to child: .....

Address:

.....  
.....

**The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for this medication to be administered to my child, in accordance with the above instructions and confirm that I have administered this medication in the past without adverse effect.**

**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.**

Signed: ..... Date: .....

**Please note that Parent/Carers are responsible for keeping medicines up-to-date, notifying school of any changes and renewal of out-of-date medication and returning to dispensing pharmacy.**

Template A (Appendix 1)

## **PARENTAL CONSENT FOR SCHOOL STAFF TO ADMINISTER the following NON-PRESCRIBED MEDICATION**

School staff will provide the following non-prescribed medication to your child **only** if you give written consent. This is for rare incidents and is not to be seen as a normal occurrence. Parents/Carers will **always** be contacted prior to any of the following medication being administered.

- Paracetamol
- Ibuprofen
- Antihistamine

**Please see over for guidelines / parental consent for administering non-prescribed medication, before completing form.**

<b>PUPIL DETAILS:</b>	
<b>Date of Birth:</b>	<b>Tutor Group:</b>
<b>Address:</b>	

<b>PARENT/CARER CONTACT DETAILS</b>	
<b>Full Name:</b>	
<b>Relationship to Young Person:</b>	
<b>Telephone Numbers during School Hours:</b>	<b>Work/Home:</b>
	<b>Mobile:</b>
<p><b>Declaration of Consent:</b> I accept that this service is provided by the relevant member of staff and the school on a voluntary basis. I confirm that I have administered the following medication in the past without adverse effect.</p> <ul style="list-style-type: none"> <li>• Paracetamol      YES      NO      (please cross out which one does NOT apply)</li> <li>• Ibuprofen        YES      NO      (please cross out which one does NOT apply)</li> <li>• Antihistamine   YES      NO      (please cross out which one does NOT apply)</li> </ul> <p>I agree to inform the school of any changes to this information by completing a new form at the earliest opportunity.</p>	
<b>Signed:</b>	<b>Date:</b>

**PARENTAL CONSENT FOR SCHOOL STAFF TO  
ADMINISTER the following  
NON-PRESCRIBED MEDICATION**

<b>MEDICATION – Paracetamol</b>
<b>Name and strength of medication:</b> Paracetamol 500mg / Paracetamol Oral Suspension 250mg
<b>Form:</b> Tablets / Liquid

Dosage:	(maximum two tablets - 16 years and over/ 2 x 5ml spoonfuls)
Special Precautions / Possible side effects:	
Timing of doses: Only one dose, suitable to the weight and age of the student will be administered during the school day. Parents/Carers will be contacted each time to give consent.	

### **MEDICATION – Ibuprofen**

**Please note that standard Ibuprofen will ONLY be administered in tablet form to students 12 years and over for period pain, migraine and muscle/skeletal disorders involving inflammation, for example joint sprains. Ibuprofen will NOT be administered to any student diagnosed with Asthma.**

Name and strength of medication:	Ibuprofen 200mg
Form:	Tablets
Dosage:	(maximum 2 x 200mg – 12 years and over)
Special Precautions / Possible side effects:	
Timing of doses: Only one dose, suitable to the weight and age of the student will be administered during the school day. Parents/Carers will be contacted each time to give consent.	

### **MEDICATION – Antihistamine (for mild allergic reaction)**

Name and strength of medication:	Piriton (Chlorphenamine Maleate)
Form:	Liquid Syrup
Dosage:	(under 12 years 1 x 5ml, over 12years 2 x 5ml)
Special Precautions / Possible side effects:	
Timing of doses: Only one dose, suitable to the weight and age of the student will be administered during the school day. Parents/Carers will be contacted each time to give consent.	

Please note that Parent/Carers are responsible for notifying the school of any changes, including change of dose, opting out Parecatmol, Ibuprofen or Antihistamine consent.

Template B – Prescribed Medication consent form

## **Agreement for School to administer Prescribed Medication**

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

**Please note that medication must be in the original container (as dispensed by the pharmacy), with pharmacist’s label showing the name of the pupil, details of medication and dosage.**

**PUPIL DETAILS**

Surname: ..... First Name: .....

Tutor Group: .....

Address:

.....  
.....  
.....

Condition / Illness:

.....

**MEDICATION DETAILS**

Name of medication (as described on container)

.....

Please specify how long your child will need to take this medication:

**Short term:** Dates From ..... To ..... **Ongoing:** Start date: .....

Date Medication dispensed: .....

Dosage to be administered: (as per label/instructions on medication)

.....

Time to be administered: .....

Special precautions/Possible side effects:

.....

Procedures to take in an emergency:

.....

**CONTACT DETAILS**

Name: ..... Daytime Telephone Number:

.....

Relationship to child: .....

Address:

.....  
.....

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent for this medication to be administered to my child, in accordance with the above instructions and confirm that I have administered this medication in the past without adverse effect.

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.

Signed: ..... Date:

.....

**Please note that Parent/Carers are responsible for keeping medicines up-to-date, for notifying school of any changes and renewal of out-of-date medication and returning to dispensing pharmacy.**

### Template C - Controlled medication form

#### Record of medicine administered to an individual student (controlled medication)

Name of school	
Name of student	
Form	
Date medicine provided by parent / carer	
Quantity received	
Name and strength of medicine	
Expiry date	
Quantity returned	
Dose and frequency of medication	

Staff signature ..... Parent / carer signature

.....

Day			
Date			
Time given			
Dose given			

Controlled drug stock			
Staff Member			
Staff Initials			
Witnessed by			

Day			
Date			
Time given			
Dose given			
Controlled drug stock			
Staff Member			
Staff Initials			
Witnessed by			

**Please note that Parent/Carers are responsible for keeping medicines up-to-date, for notifying school of any changes and renewal of out-of-date medication and returning to dispensing pharmacy.**

**Template D**

**INDIVIDUAL HEALTH CARE PLAN**

Name of School/Setting	Durrington High School
Student's Name	
Student's Address	
Date of Birth	

Tutor Group	
Medical Diagnosis/Condition	
Date Health Care Plan issued	
Review Date	
<b>Evidence and full details on Student File</b>	

**Family Contact Information**

<b>1<sup>st</sup> Contact</b>	
<b>Name and relationship to student</b>	
Home telephone number	
Mobile number	
Work number	
<b>2<sup>nd</sup> Contact</b>	
<b>Name and relationship to student</b>	
Home telephone number	
Mobile number	
Work number	

**Hospital/GP Contact details**

<b>Name of Hospital/ Supervising GP/Consultant/Clinician</b>	
Contact details (address/telephone number)	
<b>Name of GP</b>	
Telephone Number	

**HEALTH CARE PLAN (continued)**

**Describe medical needs and give details of symptoms:**

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**Daily care requirements: (for example, before sports and other activities/breaktimes). Please be specific to times/subject areas, where possible.**

--

**Describe what constitutes an emergency for the child and the action to take, if this occurs:**

--

**Follow-Up Care:**

--

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

Nominated First Aider

**I agree that the medical information contained in this document may be shared with individuals involved in my child's care and education.**

Parent/Carer: Signed: ..... Date:  
.....