



# Longmoor

Community Primary School

*Together we grow, explore, discover.*

## Managing Medicines Policy

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## Aims

The aims of our managing medicines policy are to:

- Enable regular attendance at school by putting into place effective management systems and arrangements
- Support children and young people with medical needs in school
- Provide clear guidance for staff and parents/carers regarding the administration of medicines

## Legislation & Guidance

The systems which will be put into place, with regard to administering medicines, have been developed in line with advice from Compliance Education. These systems will support the policy. This document, where appropriate, must be considered in conjunction with all other relevant policies, for example, health and safety and first aid.

## Non-Prescribed Medicines

**Non-prescribed medicines will not be administered to pupils at Longmoor Community Primary School.**

If a child is suffering regularly from frequent or acute pain, parents will be encouraged to refer the matter to the child's GP.

## Prescribed Medicines

Medicines should only be brought into school when it is essential. That is, when it would be detrimental to a child's health if the medicine were not administered during the school day. Many children will need to be able to take medicines during the day at some time during their time at school. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent.

At Longmoor Community Primary School, following the regulations from the DfE, we will only be able to accept medicines which:

- are prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber
- need to be administered 4x per day, whereby necessitating a dosage being administered at school (unless medication is to be administered before, with or after food, or is a long-term medication to be administered as a result of a trigger) – this is an addendum to the agreed policy and will be brought to the school's Governing Body in November 2020).
- are provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

## **WE WILL NOT BE ABLE TO ACCEPT MEDICINES WHICH HAVE BEEN TAKEN OUT OF THE CONTAINER AS ORIGINALLY DISPENSED NOR MAKE CHANGES TO DOSAGES ON PARENTAL INSTRUCTIONS.**

It is helpful, where clinically appropriate, if medicines can be prescribed in dose frequencies which enable it to be taken outside school hours. Parents will be encouraged to ask the prescriber about this. Medicines that need to be taken three times a day could be taken in the morning, after school and at bedtime.

All emergency medicines, such as asthma inhalers and adrenaline pens, will be readily available to children and will not be locked away. Other prescribed medicines will be kept in a locked cabinet in the relevant classroom.

## **Managing Medicines on Educational Visits**

It is our aim that all children, irrespective of medical conditions or illnesses, are able to participate in visits whenever possible. Therefore, we need to consider for each visit what reasonable adjustments will have to be made to enable the children with medical needs to take part.

The risk assessment form which is completed prior to the visit will always consider the steps necessary to include children with medical needs, together with any particular risk assessments for those children. It may be necessary for additional safety measures to be taken for outside visits. Arrangements for taking any necessary medicines will also need to be taken into consideration.

Staff supervising excursions should always be aware of any medical needs and the relevant emergency procedures if appropriate.

A copy of any healthcare plans should be taken on visits in the event of the information being needed in an emergency. It will be the responsibility of the parents to ensure that any medication children take with them on trips and outings is available and in date.

## **Roles & Responsibilities of Staff**

All staff in school have a duty to maintain professional standards of care and to ensure that children and young people are safe. Staff, including supply staff, will always be informed of a child's medical needs where this is relevant and of any changes to their needs as and when they might arise. No child under 16 will be given medicines without their parent's written consent. Any member of staff giving medicines to a child should check:

- Name of pupil to ensure they have the right patient.
- The prescribed dose to ensure they are administering the right amount of medicine, at the right time and in the right way (information available on Medical Tracker).
- The expiry date (information available on Medical Tracker).

- The written instructions provided by the prescriber on the label or container. If in doubt about any procedure, staff should not administer the medicine but check with the parents or a health professional before taking further action.
- Any changes to the prescription or the support required.

Parents/carers will be contacted immediately to clear up any discrepancies. In the event of an emergency, and particularly for those pupils who have a healthcare plan, the procedure outlined in the care plan will be followed.

Each time a medicine is given to a child, the member of staff administering the medicine must complete the details on Medical Tracker; the app used for this purpose is available on all staff iPads.

## Emergency Medication

- Emergency inhalers and adrenaline pen (epipen) are located in the main school office. Each year group has a supply of disposable 'spacers' which should be used in conjunction with an emergency inhaler, if a child with asthma is suffering an asthma attack.
- A record should be made of any pupil who has an asthma attack during the school day. Parents must be informed immediately where the child has exhausted the amount of medication following the school asthma management plan (See Appendix A).
- The emergency services will be called as soon as a pupil shows signs of going into an anaphylactic shock, or if they have asthma symptoms that are not getting better.

**Longmoor Community Primary School will not administer emergency analgesic medicine to any child; parents will be contacted if it is deemed necessary.**

## Storage of Medication

Medicines requiring refrigeration will be placed in the locked refrigerator located in the school office.

Other, prescribed medicines, will be stored in their original, labelled containers, in the locked cupboard found in each classroom. Where pupils need to have access to emergency medication, (asthma inhalers and adrenaline pens), these will be stored in the classroom. All medicines must be labelled with the pupil's name.

## Healthcare Plans

Where appropriate, a personal healthcare plan will be drawn up in consultation with the school/setting, parents/carers and health professionals. The healthcare plan will outline the child's needs and the level of support required in school, and will be reviewed annually.

## Sporting Activities

At Longmoor Community Primary School, most children with medical conditions can and are positively encouraged to participate in physical activities and extra-curricular sport. However, any restrictions on a child's ability to participate in PE or other sporting events should be recorded in their individual health care plan.

Some children may need to take precautionary measures before or during exercise and may also need to be allowed immediate access to their medicines such as asthma inhalers. Healthcare plans are completed and updated regularly for children who have conditions such as asthma, epilepsy, diabetes or anaphylaxis.

## Self-Management of Medicines

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age and we encourage this.

Older children, with long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Under these circumstances, it will be important for the parent to liaise with school to provide information regarding any changes in the medical condition or the medication itself.

## Refusal of Medicines

If a child refuses to take medicine, staff will not force them to do so, but will note this in the records. Parents will be informed of the refusal on the same day. If refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

## Parental Responsibilities

It is the responsibility of parents/carers to:

- inform the school of their child's medical needs
- provide any medication in a container clearly labelled with the child's name and dosage (only prescribed medicine will be administered)
- collect and dispose of any medicines held in school at the end of each term
- ensure that medicines have not passed the expiry date
- provide school with any information relating to predisposed conditions which we need to be made aware of

Parents must complete the medicine consent form before staff can administer medicine to a child.

Staff will also need to make sure that this information is the same as that provided by the prescriber and are consistent with the instructions on the container.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:

- child's name
- name of the medicine
- dose
- time/frequency of administration
- expiry date

## Long-Term Medical Needs

It is important to have sufficient information about the medical condition of any child with long-term medical needs. A healthcare plan for these children, involving the parents and the relevant health professionals, will enable the appropriate support to be provided.

The health care plan will include:

- details of the child's condition
- any special requirement e.g. dietary needs, pre-activity precautions
- any side-effects of the medicines
- what constitutes an emergency
- what action to take in an emergency
- who to contact in an emergency
- the role the staff can play
- what not to do in the event of an emergency

## Staff Training

Staff who are first aid trained regularly have training in a variety of health issues, including the use of adrenaline pens (epipens) and the administration of medicines. It may sometimes be necessary for staff who are not first aid trained to administer medicine; they will always follow the dosage and administration instructions as per the medicine's label.

## First Aid Kits

These are checked and updated regularly and are in clearly marked positions around school.

## Emergency Procedures

The Headteacher will ensure that all staff are aware of the school's planned emergency procedures in the event of medical needs.

## Links with Other Policies

This policy is linked to the:

- First aid policy
- Supporting pupils with medical conditions policy
- Children with health needs who cannot attend school policy



## Appendix A: Asthma Management Plan

Longmoor Community Primary School recognises that asthma is a common condition affecting many children, particularly in our local area. It is our overarching aim that any child with medical conditions, which includes asthma, is able to participate fully in all aspects of school life.

The following asthma management plan has been created with advice from Vicky Worrall & Elaine Kelly (Asthma Nurse Specialists, Alder Hey Children's NHS Foundation Trust, 0151 252 5087 / 0151 252 5936).

### School Asthma Management Plan

#### How to Recognise That Asthma is Getting Worse

If the child has:

- An increased cough;
- Increased wheezing;
- Increased breathlessness
- A need to use the reliever inhaler (blue) more than 4 times in an hour.

#### What to do:

- Give two puffs of reliever inhaler (blue);
- Wait 5 minutes. If no improvement, repeat above step;
- Wait a further 5 minutes. If no improvement, allow one puff of reliever inhaler (blue) every 30 seconds, up to 10 doses;
- Call the parents and/or seek medical advice.

#### Medical Alert/Emergency

If the child is:

- Breathing faster than usual;
- Using their tummy muscles to breathe;
- Having difficulty in speaking (due to their asthma symptoms);
- Having difficulty in walking (due to their asthma symptoms);
- Pale or blue around the lips.

#### What to do:

- Dial 999 – you must seek medical help.
- Give one puff of reliever inhaler (blue) every 30 seconds, up to 10 doses, using a large volume spacer or disposable spacer. Continue every minute until help arrives.

## Appendix B: Anaphylaxis

### School Anaphylaxis Management Plan

#### What can cause anaphylaxis?

FOODS	MEDICINES	LATEX	INSECT STINGS
(e.g. peanuts, tree nuts, milk/dairy foods, egg, wheat, fish/seafood, sesame and soya)	(e.g. antibiotics, pain relief such as ibuprofen)	(e.g. rubber gloves, balloons, swimming caps)	(e.g. bee, wasp)

#### What are the symptoms of anaphylaxis?

AIRWAY	BREATHING	CONSCIOUSNESS
Persistent cough, vocal changes (hoarse voice), difficulty swallowing, swollen tongue.	Difficult or noisy breathing, wheezing (like an asthma attack).	Feeling lightheaded or faint, clammy skin, confusion, unresponsive/unconscious (due to a drop in blood pressure).

**Anaphylaxis usually occurs together with more mild symptoms of an allergic reaction (such as itchy mouth or skin rash), but can also happen on its own without any mild signs being present.**

#### Treatment of anaphylaxis

- Provide adrenaline with the child's own injector before administering any other medication. Do not wait for skin symptoms to show. Check that you are administering the right dose. Inject the AAI into the muscle of the thigh. Emergency injectors are available from the school's medical room.
- Ask another adult to summon an ambulance immediately.
- Monitor the child; if there is no improvement in 10 minutes and an ambulance has not arrived, provide another dose.

### IF IN DOUBT, PROVIDE ADRENALINE.

*Children in Year 5 and 6 can administer adrenaline themselves. Younger children should have adrenaline administered by a first aider, or other adult if a first aider is not available.*