

# The Coppice School



## Supporting Pupils with Medical Conditions and the Administration of Medication

**Approved by the Governing Body of The Coppice School**

**Signed:** *H. Knell*

**Date: 12<sup>th</sup> March 2018**

**Proposed Date of Future Review: March 2019**

## **The Coppice School**

### **Administration of MEDICATION IN SCHOOLS**

#### **Medication In School:**

At The Coppice School many of our pupils require medicines to keep well and participate fully in the life of the school. This policy has been written with the principle of learning opportunities for all firmly embedded in the procedures described.

This policy has been produced in line with the statutory guidance issued by the Department for Education '*Supporting pupils at school with medical conditions*' December 2015

The policy needs to be read in conjunction with other policies such as:

- Incident and Accident Procedure
- Health and Safety Policy
- Educational Visits
- Child Protection
- Intimate Care Policy
- Critical Incident Policy

#### **Parents and Carers responsibility:**

It is the responsibility of the parents/carers to provide the school with sufficient information about their child's medical needs if treatment or special care is needed. The information will be recorded on:

- a. The individual care plans collated by school staff.
- b. The Health Care Plans collated by the school nurse.

The Health Care Plans will provide detailed information regarding medical treatment for pupils. Copies of these plans will be filed in the nurse's room and copies in pupil files in class/ pool area and pupil files in the general office. Pupil Health Care Plans will also accompany pupils when they access out of school activities.

These plans will be updated as necessary.

#### **Arrangements for receiving medicine in school:**

Medicines of any description required in school for pupils must be given by parent or carer direct to the transport passenger assistant on collection from the home. A special bag will be provided for this purpose.

The passenger assistant will hand all medication hand directly to the designated member of school staff, Carla Deacon. Medication will be signed in by Carla/ school staff and the passenger assistant. If Carla is unavailable then medication will be

handed in to whichever member of the school staff is responsible for signing in the medication that day. All medication received is logged and locked away.

Parents or carers who bring their children to school each day will be asked to hand over medicines directly to the designated member of school staff, Carla Deacon or receiving member of school staff. Medication will be signed in by Carla/ school staff and the parent.

Pupils who arrive in school at a later time will have any medication signed in by either the parent or the passenger assistant and the receiving member of staff.

At the end of the school day the designated member of school staff, Carla Deacon (or other appointed member of staff) will sign out the medicines\* directly to the passenger assistants/parents or carer. The medication will be checked by the designated member of staff – it must be ensured that the medication returning home is correct e.g. the date the medication expires, the child's name, name of medication. This will be counter signed by the passenger assistant/parent or carer after counter checking.

\* From March 2018 the school will be piloting a new system for medications going to respite in a bid to reduce the time taken to sign out and handover medication. These will be transported in sealed/ fully labelled bags (See Appendices)

The passenger assistant will return the medication to the parent or carer when the pupil is taken home. Pupils will not carry their medicines and the passenger assistant will retain all medications during the journey to and from school.

All medications will be handed over and signed in/out of school in the reception area or in the school nurse's room.

School staff will only handle medications or administer medications after appropriate training by a health professional e.g. the school nurse.

Class staff and SLT responsible for the dismissal of pupils at the end of the school day must be informed when pupils change passenger assistants as a result of transport changes or when pupils are in respite care.

All staff from respite care providers must follow the same guidelines as indicated above when bringing pupils with medication into school or collecting pupils at the end of the school day.

### **Procedures for managing medicines in school:**

Medication in school varies in type and includes;

- over the counter medications
- prescription only medications
- controlled drugs

These vary both in the route (e.g. oral/ rectal/ buccal etc) and form (e.g. liquid/ tablet etc) and can be required for both acute and long term treatment.

Medication may be given routinely or in an emergency.

In every case medication is only given to a pupil where the proper procedures are in place. There must be written instructions regarding the medication, dose and time to be given.

Medicines will not be given unless there is written consent from the parent or carer.

This means that for prescription only medications and controlled drugs the medicine must be prescribed for that pupil and remain in the original prescribed packaging (boxes may be discarded when the prescription label is on the bottle or packet).

Medicines given in school are usually administered by a trained member of class staff. In the event of a seizure requiring rescue medication, staff are trained in the administration of buccal midazolam. Relevant staff will be trained for the administration of rectal diazepam.

Medications will only be administered in school if the pupil requires the medication four times in 24 hours or if there is a clinical need for the medication to be administered in school.

#### **Over the counter medications:**

Over the counter medication will only be administered to the child for whom it has been provided and in order to treat an agreed reason, e.g pain. In the event that the child presents with a different symptom where the same medication may be used then the school staff must always contact parents/carers to obtain consent prior to administration.

*For e.g. a pupil may require paracetamol to treat pain following recent surgery. In the event that the same pupil later complains of a headache or suffers a different symptom then school staff must contact parents in order to gain permission to administer the paracetamol.*

School staff may administer over the counter medications (providing there is a clinical need) from the list below;

- paracetamol
- ibuprofen\*
- anti-histamines
- eye/ear/nasal drops

\*N.B Pupils who are known asthmatics will require prescribed ibuprofen.

Medicines must remain in their original packaging/ containers and have clear instructions for administration. Medications will be stored according to manufacturer's guidelines.

Written permission or verbal consent must be gained from parents/carers before administration.

In the even that verbal consent is given written permission from parents/carers must be obtained as soon as possible.

### **Prescription Only Medications:**

After first receipt of medicines at school, any changes in medication must be notified to the school nurse/ school staff in writing. Each medicine must be delivered in the original container. Confirmation of any changes to medication must be supported by evidence from a health professional.

Each container must be clearly labelled with the following:

1. Name of medicine
2. Child's name
3. Dose
4. Frequency of administration
5. Date of dispensing
6. Expiry date

Written permission authorising administration must be received from parents/carers prior to administration. Verbal consent will not be accepted if written consent has not been provided and medication will not be given. However in this instance, parents are welcome to come into school to administer medication to their child.

Medicines from unlabelled containers will not be given.

***“Schools should only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.”***  
(DfE 2015)

### **Controlled Drugs:**

***“School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. 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.”*** DfE 2015

All guidance for prescription only medications should be followed. In addition to this, controlled drugs should be documented in the Controlled Drugs book located in the emergency medicines cupboard (school nurse's room.)

Controlled Drugs should be logged when;

- they arrive in school
- they are administered to pupils
- how much/ how many are left following administration
- there are any spillages or non-used doses\*
- they are returned home from school

Any discrepancies should be brought to the attention of either the school nurse or Carla Deacon and recorded appropriately.

\*N.B non-used doses should be disposed of as per medication training.

### **Procedures for managing medication out of school:**

A Health Care Plan which has been agreed and signed by parents or carers must always accompany pupils when out of school. These plans should always accompany pupils when out of school. It is the responsibility of a designated member of staff as identified on the risk assessment to ensure they know which pupils have a health care plan and which medication needs to be taken for named pupils.

All necessary medication will be checked and signed out by the identified members of staff and counter checked and signed by another member of trained school staff.

When pupils are out on trips or at college trained school staff may give routine medication. Similarly staff will be trained in specific tasks as the need arises e.g. checking blood sugar levels of pupils with diabetes, monitoring oxygen saturation levels.

Rescue medication for named pupils will be carried by staff when pupils are engaged in out of school activities. In the event of a pupil having a seizure staff will follow the health care plan.

It is important that staff record the event regarding medication given while out of school and the procedures which have been taken to safeguard the pupil.

Medication and other first aid equipment will be carried with the necessary health care plans. All medication is returned and signed back in to school. Medication given when off site should be documented on the child's individual medication chart immediately upon return to school.

Any member of staff giving medication **must** check with another adult

- ❖ The child's name
- ❖ Name of prescribed item
- ❖ Prescribed dose
- ❖ Method of administration
- ❖ Expiry date
- ❖ Written instructions provided by the prescriber on the label or container

These procedures will be agreed by parents/ carers and only those pupils whose parents have given written permission will be taken on the trip.

**All staff must call the emergency services if at any time they are concerned about a pupil's health when out of school, regardless if medication has been given or not.**

### **Risk assessments and emergency procedures:**

In an emergency, the emergency services must be phoned immediately and parents/carers informed. A member of staff should always accompany a pupil taken to hospital by ambulance, and should stay until the parent/carer arrives. Health professionals at hospital are responsible for any decisions on emergency medical treatment when parents/carers are not available.

In the first instance care in an emergency will be provided and dynamically risk assessed by trained members of the class staff. Where necessary, a senior member of the school staff / the school nurse will lead on any relevant decision making in the child's best interests.

When a pupil is out of school it is the responsibility of the member of staff who is leading the trip to make the necessary arrangements to safeguard any pupil.

(see appendix 1)

### **Health Care Plans:**

Children who require medications during school hours may not require a health care plan; this will be determined by the school nurse and reviewed appropriately.

Children, who have additional medical needs and require a health care plan when assessed by the school nurse, will have all prescribed medications documented in their care plan.

Only rescue medications will have usage guidance documented in the health care plan. Routine medications and times will be given as per written instruction from parents in conjunction with prescription guidance.

Children prescribed an inhaler for relief of asthma symptoms and no current, other health care needs will have an asthma care plan; which will support the use of the child's inhaler.

### **First Aid:**

All bumps or knocks to a pupil's head must be referred immediately to the school nurse and a member of the senior leadership team. Staff must fill in the serious incident book (Purple Book) and an incident form (located in the general Office) and have these signed by a member of the SMT. A head injury letter must go home and 'Mr Bump' letter (lower school) and accident letter (upper school) also and copies to be made and placed in the pupil's welfare file.

On occasions when basic first aid is required for a pupil, staff may attend to the pupil. First aid procedures should be logged and parents/carers informed in writing. For more serious instances i.e bumps to head, or requiring more than a plaster, the school nurse should be involved.

School staff must refer to a member of the Senior Leadership. An Incident or Accident Form should be completed by school staff at all times.

First Aid may need to be given by school staff during an educational visit. On return to school the SLT must be informed in order that a correct record is kept e.g. CPOMS and parents/carers are informed. In general, First Aid should be given by those members of staff who are trained in First Aid. Any first aid provided must be

recorded in the Purple Accident/ incident Book (which is to be found in the general office) and CPOMS. Parents must be notified by the usual procedures e.g. 'Mr Bump', head injury letter and a copy placed in the pupil's Welfare File.

First Aid kits are kept in the school mini buses, pool area, school nurse's room, FE and in the corridor outside class 6. Staff removing something from a First Aid Kit must notify the office staff so it can be replaced. A member of the office staff will routinely monitor the contents of the First Aid boxes.

A list of school staff with current First Aid training is held by the deputy headteacher. As a school we ensure that there are the required number of paediatric first aid trained staff in the EYFS and where specified as part of a Health Care Plan.

### **Illnesses:**

All staff have a responsibility to report any concerns about a pupil to SLT and if necessary school nurse. Parents/carers will be informed by the school staff member /member of the SLT/ a member of the office staff as required if a pupil is taken ill at school.

Policy Updated: March 2018

Review date: March 2019

## Appendix A:

### Protocols for the transportation of medications to respite

Protocol for the transportation of passenger's medication to / from schools / centres  
 Date of Protocol ..... Date of Review  
 .....

#### Background

LCC and their providers transport people with varying medical needs and these passengers may require their medication to be transported with them. This protocol is designed to provide a process for the safe transportation of passenger's medications and to provide guidelines for the staff supporting these passengers.

LCC and their providers carry medication for passenger for one of three main reasons:-

1. To transfer medication from home to school for school use.
2. As part of luggage accompanying a passenger to / from respite care.
3. As rescue medication for a passenger during the journey.

The Medication carried can be categorised as follows:

1. Medicines and medicinal preparations that come under the provisions of the Medicines Act (1968). They can be classified as Prescription Only Medicines, Pharmacy Medicines or General Sales List medicines and include medicines used in clinical trials, unlicensed medicines and medicated dressings. Please note – oxygen and other medical gasses should be treated as medicines.
2. Controlled Drugs, i.e. dangerous or otherwise harmful medicines controlled under the provisions of Drugs Act 1971 and The Misuse of Drugs Regulations 2001. The regulation does allow for the lawful possession and supply of controlled drugs for legitimate purposes i.e. when supporting a passenger who may require them but is unable to self-administer due to their physical ability or medical condition at that time i.e. during a seizure.

It is therefore essential that assessment of the practice occurs and safe systems of work are developed.

In order to ensure that we protect the passengers / driver / passenger assistants, it is essential that the following things occur.

1. LCC Transport Department is made aware that the passenger will be carrying medication. This should be noted in the referral for transport (where pre-existing medication requirement exist) or by the carer or service provider (home/ school / centre) when a new diagnosis requires the person to be transported with medication.
2. A risk assessment is undertaken of the passenger's needs to outline to staff the protocol to follow when the person needs their medication.
3. A safe system of transporting and administering (where applicable) the medication is developed and used.
4. All medications being carried, are in their original boxes with the recipient's name, dosage and expiry dates on it. Please note - All seals on rescue medication must be unbroken.
5. That all medication is placed in a clear poly postbag, or similar, which must be sealed before being handed over to transport staff.
6. The medication in the poly postbags is clearly labelled with the passengers' name, date of birth, the medication within the bag, quantity and dose of medication, and expiry date for the medication.

### Present method of transporting medication

At the moment all medication regardless of its reason for transportation is handed over at the reception to school, and each item of medication is signed in by the passenger assistant and checked individually with all tablets in a bottle counted in and logged. On the return journey the medication is counted again and the passenger assistant again signs for it. This system provides an audit trail and works well in providing an audit trail, however issues arise as there are more than 15 children, all carrying medication who are on the vehicle waiting to travel and need to wait for the process to occur. The process can take up to 25 minutes to confirm all details. This has led to passengers become restless, distressed and anxious on the vehicle and to some challenging behaviour being exhibited.

In hospitals medication is moved between the pharmacy and wards in sealed bags, so there is no need for those transporting it to count items, and it is a variation of this system which is covered in this protocol.

### The Aim of the protocol

The aim of this protocol is to provide a safe system of moving medication between locations whilst minimising delays for the passengers and the transport staff supporting them. The system can be started at either end of the journey (home / school) with the use of one seal poly postbags (similar to those used by courier services).

As mentioned, medication tends to come into school for one of three main reasons.

1. Medication coming into school for school use. – This system can be applied for this medication, and most parents could cope with it, however for those who would struggle (possibly with literacy), this medication can continue to be transported in the original manner as it is a one way journey, and the passengers are off the vehicle and within school, so do not become distressed and as the delivery of them tends to occur at the start of each term / week so delay is not a major issue here.
2. Medication coming into school for transport use. – This is rescue medication (Buccal Midazolam and Epi Pens) and would be transported in a one seal poly postbag, so would not require checking individually on each occasion as long as the medication in the poly postbags is undamaged and clearly labelled with the passengers name, date of birth, the medication within the bag, quantity of medication, dosage and expiry date for the medication.

Where parents have issues with literacy etc... this process could be started from the school end of the system.

1. Medication coming into school for respite use. – This medication can be varied and large amounts may be transported. In this situation more than 1 bag may be required. This is not an issue as the bags can be labelled 1 of 2 ,3 of 5 etc... to whatever number is required. Each bag would need to be labelled with its contents, however as they are on a one seal system, as long as the seal was not broken the bags would not need to have their contents checked at school with all parties accepting that the contents within were as shown on the front of the package ( as shown above). In order to facilitate the return home an unused bag would need to be placed within each bag to allow for the medication's return at the end of the respite period. Where parents have issues with literacy etc... this process could be started from the school end of the system however the initial intake of medication at school would cause delays.

Please note that in all cases transport staff would still continue to sign in / out the bags to provide an audit trail for the transport / school.

Cost Implications -

School – purchase of poly postbags (or equivalent)

Transport – purchase of diary for PA's transporting rescue medication – respite medication

Benefit -

All – safe system for transporting medication.

Transport - Reduction in time delay for transport and the anxiety this can cause to the passengers

School - Reduction in time delay within school when dealing with respite and rescue medication.

The process itself

On arrival at the home (pick up)

1. The passenger assistant would pick up the passenger, and their medication.
2. The passenger assistant would check that the medication bag was undamaged and that the correct details were shown on the front.
3. The passenger assistant would check that the expiry date was not exceeded on any rescue medication. (If the medication has passed its expiry date then parents / carers would be informed and a decision taken as to the safety of transporting the passenger without rescue medication taken.(If transported Immediate 999 protocol would apply)
4. School use and Respite medication would be transported as long as the bags were undamaged. – No check on their contents would be made.

On arrival at school (drop off)

1. All medication would be passed over to school staff and signed in. Bags containing school use medication would be taken to the secure medical store and their contents checks by the relevant staff. (Transport staff / school are protected as any discrepancies between contents and labelling could be identified as a mistake made at the home rather than in transit.). All respite and rescue medication would be stored unopened in a safe location.

On pick up at school

1. The passenger assistant would pick up the passenger, and their medication.
2. All medication would be passed over by school staff and signed out
3. The passenger assistant would check that the medication bag was undamaged and that the correct details were shown on the front.
4. Respite medication would be transported as long as the bags were undamaged. – No check on their contents would be made.

On arrival at the home / respite (drop off)

1. All medication would be passed over to parents / carers and signed for. (Transport staff / school are protected again as any discrepancies between contents and labelling could be identified as a mistake made at the home rather than in transit.)

## Appendix B

Thursday 22nd February 2018

Dear parents/carers

I write to inform you of a change in the way we transport medication brought into school for intended use at respite.

Our aim is to provide a safe and robust system of moving medication between locations whilst minimising delays for the passengers and the transport staff supporting them. We will use one seal poly postbags (provided by school) that would not require checking individually on each occasion as long as the medication in the poly postbags is undamaged and clearly labelled with the;

- passengers name
- date of birth
- medication within the bag
- quantity of medication
- dosage and expiry date for the medication
- date that the bag was sealed

There may be a number of medications used at respite including rescue medication. This means that your child may have more than one poly postbag assigned to them. It might be possible for you to return respite medication with the bag still sealed and intact. This would be very helpful in supporting our new arrangements.

The school is currently working with respite providers to inform them of our changes so that the new protocols are implemented smoothly.

If you have any questions or concerns then please do not hesitate to contact us here at school.

Yours sincerely

Sarah Seddon  
Headteacher