

MANAGING MEDICINES POLICY

Documer	nt control tabl	е					
Documer	nt title:	Managing M	Managing Medicines Policy				
Author	(name & jol	Katy Bradfo	Katy Bradford, Chief Operating Officer				
title):							
Version r	number:	V3	V3				
Date app	roved:	16 January 2	16 January 2017				
Approve	d by:	OGAT Boar	OGAT Board				
Date of r	eview:	August 2018	August 2018				
Documer	nt History	I					
Version	Date	Author	Note of revisions				
V3	January 17	JP	Appendix 2 added 'Epilepsy protocol'				
			Reference to 'Supporting pupils at school with				
			medical conditions' updated to December 2015				

Contents

INTRODUCTION	4
THE DUTY AND RESPONSIBILITIES	
Staff 'duty of care'	4
Parental/Carers Responsibility	4
Emergency Procedures	4
Administering Medicines	5
Staff Administering Medicine	5
Storing Medicines	5
Access to Medicines	5
Disposal of Medicines	5
Defibrillator	5
THE CONTROLLING OF DRUGS AND MEDICINES	6
Prescribed Medicines	6
Controlled Drugs	6
Non Prescription Medicines	
Refusing Medicine	6
GENERAL ADMINISTRATION PROCEDURE AND PRACTICE	8
Record Keeping	8
Educational Visits	8
Personal Health Care Plans	8
Epilepsy protocol	9

INTRODUCTION

Outwood Grange Academies Trust is a fully inclusive multi-academy trust and welcomes and support students with medical conditions. The Trust is fully committed to providing all students with any medical condition the same opportunities as others at the Academy in line with the statutory guidance 'Supporting pupils at school with medical conditions' December 2015 and 'Children and Families Act 2014'.

Every student with a medical condition who attends an Outwood academy will be supported to fully access education, educational trips and physical education enabling them to play a full and active role in school life and remain healthy. The academy listens to parents and students and this is reflected when considering organising structured and unstructured activities, extended school activities and residential trips to ensure everyone is involved and included. Should the medical condition lead to prolonged absence from the academy, the academy will work with the family and partnership agencies to arrange alternative provision to minimise the impact of the absence on the students' education.

We will help to ensure they can:

- -be healthy
- -stay safe
- -enjoy and achieve
- -make a positive contribution
- -achieve economic wellbeing once they have left school

We will ensure this by educating all staff about the medical conditions that affect pupils at the academy and ensuring staff receive the appropriate training. Also, some students with medical conditions will have healthcare plans which will be devised with parents, students, healthcare professionals and the Inclusion Coordinator/ SEND officer or designated person for the academy.

THE DUTY AND RESPONSIBILITIES

Staff 'duty of care'

All staff caring for children (teachers, other school staff in charge of children) has a common law duty of care to act like any reasonably prudent adult. In exceptional circumstances the duty of care could extend to administering medicine and/or taking action in emergency.

Parental/Carers Responsibility

All parents/carers have the prime responsibility for their child's health and are required to provide full information about their child's medical needs, including details on medicines. Where detailed medical needs exist appropriate measures should be taken to implement care plan procedures (see appendix I & 2)

Emergency Procedures

All staff should know how to call the emergency services. The academy's first aiders are responsible for carrying out emergency procedures in the event of a need. A member of staff should always accompany a child taken to hospital by ambulance and should stay until a parent/carer arrives. (Where possible the parent should travel from the academy with the child in the ambulance.) Where parents are not available health professionals are responsible for any decisions on medical treatment.

Academy staff should refrain from taking children to hospital in their own vehicle (it is safer to call an ambulance) Individual health care plans should include instructions as to how to manage a child in an emergency and identify who has the responsibility in an emergency e.g. if there is an incident in the playground/dining hall a lunchtime supervisor would need to be very clear in their role.

Administering Medicines

No child under the age of 16 should be given medicines containing aspirin or ibuprofen unless it has been prescribed by a doctor and a written consent form has been signed by their parent/carer.

A consent form enabling a member of academy staff to administer medication to a child must be completed by a parent in all cases. No medication will be given under any circumstances without this form being completed.

The academy will keep a register of drugs for all medicines brought into the academy by a parent/carer for administration to a student during the academy day. The register will be signed by the student when medication has been administered and in the case of controlled drugs, two staff signatures will be required.

Staff Administering Medicine

There is no legal or contractual duty on staff to administer medicine or supervise a child taking it. Support staff may have specific duties to provide medical assistance as part of their contract (i.e. individuals appointed for the purpose of administering first aid). Swift action needs to be taken by any member of staff to assist any child in an emergency.

Storing Medicines

Non emergency medicine e.g. in-halers, insulin and adrenalin EpiPen© should be readily available and not locked away. All medicine should be kept in their original container and clearly labelled.

Adrenalin EpiPen© should only be administered by trained adults. Please see appendix I 'Protocol for Epilepsy'.

Access to Medicines

Children should, where necessary, have immediate access to their medicines when required. This should be considered as part of the policy regarding children carrying their own medicines.

Disposal of Medicines

Parents must collect medicine held at the end of each term. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. If parents do not collect medicines, they will be taken to a local pharmacy for safe disposal.

Defibrillator

Each Academy has an Automated External Defibrillator on site which will be available for use by all staff. All that is required to use an AED is to recognise that someone who has collapsed may have a sudden cardiac arrest (SCA) and to attach the two adhesive pads

(electrodes) that are used to connect the AED to the patient's bare chest. Through these pads the AED can both monitor the heart's electrical rhythm and deliver a shock when it is needed. The AED provides audible instructions and most models also provide visual prompts on a screen.

THE CONTROLLING OF DRUGS AND MEDICINES

Prescribed Medicines

Medicines should only be taken to the academy when essential; (i.e. where it would be detrimental to a child's health if the medicine were not administered during the school day). Antibiotic taken 3 times per day need not be brought into the academy. The academy will only accept medicines that have been prescribed by a doctor, dentist, nurse practitioner or pharmacist. Medicine must be provided in the original container as dispensed by a pharmacist and include the prescribers instruction.

The academy will never accept medicines that have been taken out of the container as originally dispensed. The academy will not make changes to dosages on parental instructions.

Controlled Drugs

Controlled drugs should be brought into the academy only by an **adult** in the original container and passed directly to first aid. All drugs brought into the academy must be counted and signed for, by the person receiving them for audit purposes.

Members of staff may administer a controlled drug to the child for whom it has been prescribed providing the administration of the drug has been witnessed and two signatures obtained. Staff administering medicine should do so in accordance with the prescriber's instructions. (See our procedure for the administration of drugs)

The academy will keep controlled drugs in a locked, non-portable container and only named staff will have access.

All drugs will be returned to the parent when no longer required to arrange for safe disposal.

Non-Prescription Medicines

Academy staff will not give a non-prescribed medicine to a child unless it has been prescribed by a Doctor, Dentist or Nurse Practitioner and a request for the academy to administer medication form has been completed. Where the Principal agrees to administer a non-prescribed medicine it must be in accordance with the academy's policy as outlined here in and using procedures as detailed at appendix.

Refusing Medicine

Where a child refuses medication, the academy's staff member will make a record to this effect and follow the appropriate procedure. Under no circumstances will the child be forced to take such medication. Parents will be informed of the refusal on the same day. If

a refusal to take procedures.	medicine	results	in an	emergency	the	academy	should	follow	emergency

GENERAL ADMINISTRATION PROCEDURE AND PRACTICE

Record Keeping

Parents must inform the academy about medicines as outlined previously. Any changes must be notified to the academy immediately. Staff must ensure that this information is the same as that provided by the prescriber.

Educational Visits

Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising visits must always be aware of any medical needs and relevant emergency procedures (refer to the educational visits procedure). A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency

Individual Health Care Plans

Individual healthcare plans record the students' medical condition, its signs and symptoms, treatments (including medication), specific support needs, what to do in an emergency and which members of staff in the academy will have a copy of the plan. Not every student with a medical condition will need an individual healthcare plan as some conditions do not require medication to be taken in the academy and do not fluctuate or pose a high risk of emergency. Students with medical conditions that require medication or conditions that fluctuate or have a high risk of emergency intervention, will require a healthcare plan. The individual healthcare plan will outline the nature of the medical condition, daily care requirements, medication and an action plan for what to do in an emergency. The healthcare plan will ensure that the academy supports students with medical conditions effectively. Individual care plans will be devised with the student, parents/carers, healthcare professionals and the SEND officer/designated person for the academy. It is the SEND officers'/designated persons' responsibility to ensure that individual healthcare plans are up to date and relevant but to do this, parents/carers must ensure that they inform the academy of any changes to medication or medical advice. Please see the flowchart regarding the process for developing an individual healthcare plan.

A review of the individual healthcare plan will take place annually unless there has been a change in the students' needs, in which case it should be updated immediately. A parent/carer, healthcare professional or the academy can initiate a care plan review.

For students with Special Educational Needs and/or Disability (SEND), the individual healthcare plan will form part of the Education, Health and Care Plan (EHC). For specific information regarding SEND, please see the SEND code of practice and Inclusion Handbook. The school SENCO will be involved with students with SEND and with students who have a medical condition who are also having difficulties keeping up educationally.

Process for Developing Individual Healthcare Plans

Parent, healthcare professional and/or primary school informs the academy that the child has a medical condition or there is a change in circumstance



Inclusion Coordinator and SEND Officer/designated person will arrange a meeting to discuss child's medical support needs and identifies if any additional training is required. If required, an individual healthcare plan will be devised with healthcare staff, parent/carer, child and Inclusion Coordinator and SEND Officer/designated person.



The individual healthcare plan will be agreed in partnership and any needs will be identified and a plan put in place. Training needs will also be identified and training commissioned.



Individual healthcare plan will be signed and circulated to all relevant staff and a review date may be agreed.



Individual healthcare plan to be reviewed annually or as agreed or when there is a change in the medical condition. This can be initiated by the parent/carer, healthcare professional or school.

Outwood Grange Academy Protocol for Epilepsy 2016-2017

Epilepsy Procedures

What is Epilepsy?

Epilepsy is defined as having a tendency to have seizures. A seizure happens when the nerve cells in the brain stop working in harmony. When this happens the brain's messages become temporarily halted or mixed up. A child or young person with epilepsy can have recurrent seizures unless the seizures are controlled by medication.

Some people have epilepsy as a result of damage to the brain. This may have been due to injury before, during or after birth and is known as symptomatic epilepsy. For other people there is no known or identifiable cause, they have an inherited tendency to have epilepsy. This is known as idiopathic epilepsy and is thought to be related to a low seizure threshold. Everyone has a seizure threshold; having a low seizure threshold means that a person is more likely to have seizures than people in general.

Different seizures include:

- jerking of the body (convulsions),
- repetitive movements,
- blank moments when the child is briefly unconscious,
- unusual sensations, such as a strange taste in the mouth or a strange smell, or a rising feeling in the stomach

Treatments

The majority of students take medication for their epilepsy; however this is usually taken twice a day, before and after school. Sometimes it may be necessary to take medication three times a day, but this is usually done before and after school and before bed.

Note: Sufferers are usually tired after taking their medication.

Emergency medication may be needed if seizures do not stop. This is very serious and can be life threatening.

Symptoms

Epileptic sufferers usually know when a seizure is about to occur and will inform you.

Seizures are usually a result of the following symptoms;

- Tiredness
- Lack of sleep
- Lack of food
- Stress
- Photosensitivity (not all epileptics suffer from this)

Action Required

- Send student to contact a person with a radio (usually the head of department or faculty) to call for a first aider and they must state Epileptic Seizure. The radio holder must also inform the SID for additional medication if required and for them to contact parents immediately (if not available the Principal's PA should be contacted).
- Remove any harmful objects nearby to protect the student from injury.
- Cushion their head.
- Aid breathing by gently placing them in the recovery position **once the seizure has finished.**
- Talk calmly and be reassuring.
- Stay with the person until recovery is complete.

Trips Procedure

When taking students out of the Academy you must ensure that a travel pack is organised. The pack needs to contain the following;

- A fully completed risk assessment (this must take into account the student's specific needs) with a named First Aider.
- Contact information of parents in the event of an emergency.
- A completed written emergency plan (i.e. designated person to call the emergency services, details of nearest hospital & designated individual to call designated SLT & parents).
- Emergency medication.

Sports & Activities

- Full risk assessment
- Student should never be left unsupervised.
- Trained first aider available
- This also applies to swimming

1	Contact First Aid by phone or radio immediately stating EPIPIEN/ANAPHAYLAXIS EMERGENCY and location
2	• All First Aiders to attend and one to treat as required
3	Radio silence to be maintained throughout the emergency.
4	• First Aider to call 999 stating EPIPEN/ANAPHYLAXIS
5	One of First Aiders to contact parents/carers
6	One of First Aiders to stay with patient until ambulance arrives and one to meet Ambulance and handover
7	Administer Medication as per Careplan
8	• Send Epipen to hospital with patient
9	Complete all paperwork
10	• All First Aiders to debrief after incident