

Managing Medicines Policy

West Street Community Primary



Management of Medicines

This school is committed to reducing the barriers to sharing in school life and learning for all its pupils. This policy sets out the steps which the school will take to ensure full access to learning for all its children who have medical needs and are able to attend school. Paragraph numbers refer to the DfES publication 'Managing Medicines in Schools and Early Years Settings'.

You may also wish to refer to the following:

- Local Offer
- SEN Policy
- Accessibility Plan
- Emergency Plan

1. Managing prescription medicines which need to be taken during the school day

- 1.1.1 Parents/carers should provide full *written* information about their child's medical needs. A section is included on the admission form but further more detailed information may be requested.

- 1.2 Short-term prescription requirements;
Children should not bring any medicines to school unless there are special circumstances and these should be agreed with the Head Teacher. Where medication is required for eight days or more, the school will draw up a Health Care Plan with parents/carers, who will need to complete a parental agreement form. Where medication is required for less than eight days parents/carers need to complete a parental agreement form, which can be obtained from the school office, and discuss the arrangements with a school first aider.

Please note that school can only administer medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and are as originally dispensed (e.g. in their original container which shows the dosage and patient information).

If your child needs antibiotics it is often possible to organise the doses so that they can be taken before and after school (e.g. in three doses or less each day). If the prescribed doses require one to be taken in the school day, contact the school office to complete a parental agreement form and discuss arrangements with a first aider, as above. If the period of administering medicine is 8 days or more, there must be an individual Health Care Plan.

- 1.3 The school will **not** accept medicines that have been taken out of the container as originally dispensed, nor make changes to prescribed dosages. *Paragraph 26*
- 1.4 The school will **not administer** medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber, unless it is done as part of an individual Health Care Plan. The school will inform parents of this policy. *Paragraph 25*
- 1.5 Some medicines prescribed for children (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act. Members of staff are authorised to administer a controlled drug, in accordance with the prescriber's instructions. A child may legally have a prescribed controlled drug in their possession. The school will keep controlled drugs in a locked non-portable container, to which only named staff will have access. Clear records will be kept of administration. Any maladministration, theft, or loss of a controlled drug will be reported.

Misuse of a controlled drug is an offence, and will be dealt with under the school's behaviour policy.

Children who are prescribed medication for ADHD and who do not have sufficient in school to be taken, or have not taken them at home as prescribed, may not be allowed to attend school until medication is in place. This is to prevent persistent disruption within school.

It is the parent's responsibility to ensure enough medication is available. With the consent of the parent the SENDco will liaise with health professionals regarding dosage required for some controlled drugs.

1.6 Medicines should always be provided in the original container as dispensed by a pharmacist and should include the prescriber's instructions for administration. In all cases this should include:

- Name of child
- Name of medicine
- Dose
- Method of administration
- Time/frequency of administration
- Any side effects
- Expiry date

Paragraph 51

1.7 The school will refer to the DfES guidance document when dealing with any other particular issues relating to managing medicines.

2. Procedures for managing prescription medicines on trips and outings and during sporting activities

2.1 The school will consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits. This may extend to reviewing and revising the visits policy and procedures so that planning arrangements incorporate the necessary steps to include children with medical needs. It might also incorporate risk assessments for such children. *Paragraph 56*

- 2.2** If staff are concerned about how they can best provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP. Please refer to the DfES guidance on planning educational visits. *Paragraph 58*
- 2.3** The school will support children wherever possible in participating in physical activities and extra-curricular sport. Any restriction on a child's ability to participate in PE should be recorded on their Health Care Plan. *Paragraph 60*
- 2.4** Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising sporting activities will be made aware of relevant medical conditions, and will consider the need for a risk assessment to be made. *Paragraph 61*
- 2.5** The school must cooperate with the Local Authority in fulfilling its responsibilities regarding home to school transport. (see above). This may include giving advice regarding a child's medical needs. *Paragraph 64*

3. The roles and responsibilities of staff managing administration of medicines, and for administering or supervising the administration of medicines

- 3.1** Close co-operation between schools, settings, parents/carers, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.
- 3.2** It is important that responsibility for child safety is clearly defined and that each person responsible for a child with medical needs is aware of what is expected of them.
- 3.3** The school will always take full account of temporary, supply and peripatetic staff when informing staff of arrangements for the administration of medicines.
- 3.4** The school will always designate appropriate staff to be responsible for the administering of medicine to a child. Where training is required this will be given.
- 3.5** Staff should **never** give a non-prescribed medicine to a child unless this is part of an individual Health Care Plan, involving specific written permission from the parents/carers. Where the head agrees to administer a non-prescribed medicine it **must** be in accordance with this policy. The school will inform parents of this policy. Criteria in the national standards for under 8s day care make it clear that non-prescription medicines should not normally be administered.

- 3.6** National Guidance states: 'A child under 16 should **never** be given aspirin or medicines containing ibuprofen unless prescribed by a doctor. *Paragraph 35*
- 3.7** Any controlled drugs which have been prescribed for a child must be kept in safe custody.
- 3.8** If a child refuses to take medicine, staff will not force them to do so. Staff should record the incident and follow agreed procedures (which should be set out in the policy or the child's Health Care Plan). Parents/carers will be informed of the refusal on the same day. If refusal results in an emergency, the school normal emergency procedures will be followed. *(Paragraph 49)*
- 3.9** **If in doubt about a procedure, staff should not administer the medicine, but check with the parents or a health professional before taking further action.**
N.B. *The DfES guidance document gives a full description of roles and responsibilities Paragraphs 66 to 102.*

4. Parental responsibilities in respect of their child's medical needs

- 4.1** It is the parents/carers' responsibility to provide the headteacher with sufficient *written* information about their child's medical needs if treatment or special care is needed.
- 4.2** Parents are expected to work with the headteacher to reach an agreement on the school's role in supporting their child's medical needs, in accordance with the school's policy.
- 4.3** It is the parents/carers' responsibility to keep their children at home when they are acutely unwell. *Paragraph 83*
- 4.4** It requires only one parent/carer to agree to or request that medicines are administered to a child. It is likely that this will be the parent with whom the school has day-to-day contact.
- 4.5** Prior written agreement should be obtained from parents/carers for any medicines to be given to a child. (See specimen forms in Appendix A.)

5. Assisting children with long-term or complex medical needs

Where there are long-term medical needs for a child, including administration of medicine for a period of 8 days or more, a Health Care Plan should be completed, using Form 2, involving both parents/carers and relevant health professionals.

5.1 A Health Care Plan clarifies for staff, parents/carers and the child the help that can be provided. It is important for staff to be guided by the school nurse or the child's GP or pediatrician.

5.2 The school will agree with parents/carers how often they should jointly review the health care plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.
Paragraph 119

5.3 The school will judge each child's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition. Plans will also take into account a pupil's age and need to take personal responsibility. *Paragraph 120*

5.4 Developing a Health Care Plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual child. *Paragraph 121*

5.5 In addition to input from the school health service, the child's GP or other health care professionals depending on the level of support the child needs, those who may need to contribute to a health care pro forma include the:

Headteacher or head of setting

Parent or carer

Child (if appropriate)

Early Years Practitioner/Class Teacher - Primary schools/Form Tutor/Head of Year - secondary schools

Care assistant or support staff

Staff who are trained to administer medicines

Staff who are trained in emergency procedures

Paragraph 122

5.6 The school will consult the DfES publication '*Managing Medicines in Schools and Early Years Settings*' when dealing with the needs of children with the following common conditions:

- Asthma
- Epilepsy
- Diabetes
- Anaphylaxis

Paragraphs 131 – 193

- 5.7** Regarding epilepsy, some children may be prescribed rectal diazepam as a treatment for prolonged seizures. Staff involved must have received training from local health services. A written authorisation from the GP, Consultant or Epilepsy Specialist Nurse must have been received for each child, along with instructions for use. Form 9 may be used for this purpose. Two adults must be present for such treatment, at least one being of the same gender as the child. The dignity of the child must be protected as far as possible.

6.1 Policy on children carrying and taking their prescribed medicines themselves

- 6.1** *It is good practice to support and encourage pupils, who are able, to take responsibility to manage their own medicines. If such medicines are taken under supervision, this should be recorded.*

Paragraph 45

6.2 Policy on children carrying and taking their prescribed medicines themselves

- 6.2** Prescribed inhalers should be kept accessible to the child at all times. A record will be kept of inhaler use. It is the parents responsibility to ensure the inhaler is still in use. Parents must complete a consent form for their child to carry their own medication.

Where pupils have been prescribed controlled drugs, these must be kept in safe custody. They may legally have it in their possession when agreed by both school and parents in written consent. Pupils could access them for self-medication if it was agreed that this was appropriate.

Paragraph 48

7. Staff support and training in dealing with medical needs

- 7.1** The school will ensure that there are sufficient members of support staff who manage medicines. This will involve participation in appropriate training.
- 7.2** Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child **does so voluntarily** and will have appropriate training and guidance. They will also be made aware of possible side effects of the medicines, and what to do if they occur. The type of training necessary will depend on the individual case.
- 7.3** **Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. Agreement to do so must be voluntary after consulting the Headteacher.**

- 7.4** The school will ensure that staff receive proper support and training where necessary, in line with the contractual duty on headteachers to ensure that their staff receive the training. The headteacher or teacher in charge of a setting will agree when and how such training takes place, in their capacity as a line manager. The head of the school or setting will make sure that all staff and parents/carers are aware of the policy and procedures for dealing with medical needs. (Paragraph 83)
- 7.5** Staff who have a child with medical needs in their class or group will be informed about the nature of the condition, and when and where the child may need extra attention.
- 7.6** The child's parents/carers and health professionals should provide the information specified above.
- 7.7** All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.
- 7.8** Back up cover should be arranged for when the member of staff responsible is absent or unavailable.
- 7.9** At different times of the day other staff, such as lunchtime supervisors, may be responsible for children. They will also be provided with training and advice.

8. Record keeping

- 8.1** Parents/carers should tell the school or setting about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However staff should make sure that this information is the same as that provided by the prescriber. Any change in prescription should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional. *Paragraph 50*
- 8.2** The school will use Form 3B to record long-term administration of medication. Consent forms should be delivered personally by the consenting parent/carer. Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container.
- 8.3** It is the parent/carer's responsibility to monitor when further supplies of medication are needed in the school/setting. It is not the school's /setting's responsibility.
- 8.4** Form 4 should be used to confirm, with the parents/carers, that a member of staff will administer medicine to their child. *Paragraph 52*

- 8.5** Although there is no similar legal requirement for schools to keep records of medicines given to pupils, and the staff involved, it is good practice to do so. Records offer protection to staff and proof that they have followed agreed procedures. *Paragraph 55*

9. Safe storage of medicines

- 9.1** The school will only store, supervise and administer medicine that has been prescribed for an individual child.
- 9.2** Medicines will be stored strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed.
- 9.3** Staff will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, the method and frequency of administration, the time of administration, any side effects and the expiry date.
- 9.4** Where a child needs two or more prescribed medicines, each will be in a separate container.
- 9.5** Non-healthcare staff will never transfer medicines from their original containers. *Paragraph 107*
- 9.6** Children will be informed where their own medicines are stored and who holds the key.
- 9.7** All emergency medicines, such as asthma inhalers and adrenaline pens, will be readily available to children and will not be locked away.
- 9.8** School allow children to carry their own inhalers.
- 9.9** Other non-emergency medicines will be kept in a secure place not accessible to children. *Paragraph 108*
- 9.10** A few medicines need to be refrigerated. They *can* be kept in a refrigerator containing food but *must* be in an airtight container and clearly labelled. There will be restricted access to a refrigerator holding medicines. It is acceptable for a staff room fridge to be used for storage, as long as medical items are clearly labelled. *Paragraph 109*
- 9.11** Access to Medicines - Children need to have immediate access to their medicines when required. The school will make special access arrangements for emergency medicines that it keeps. However, it is also important to make sure that medicines are kept securely and only accessible to those for whom they are prescribed. This will be

considered as part of the policy about children carrying their own medicines.*Paragraph 111*

10. Disposal of Medicines

- 10.1** Staff should not dispose of medicines. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.
- 10.2** Parents/carers should also collect medicines held at the end of each term. If parents/carers do not collect all medicines, they will be taken to a local pharmacy for safe disposal. *This process should be documented. Paragraph 112*
- 10.3** Sharps boxes will always be used for the disposal of needles. Collection and disposal of the boxes will be arranged with the Local Authority. *Paragraph 113*

11. Hygiene and Infection Control

- 11.1** All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures
- 11.2** Staff will have access to protective disposable gloves and will take care when dealing with spillages of blood or other body fluids, and disposing of dressings or equipment. *Paragraph 114*
- 11.3** The Education (School Premises) Regulations 1999 require every school to have a room appropriate and readily available for use for medical or dental examination and treatment and for the caring of sick or injured pupils. It **must** contain a washbasin and be reasonably near a water closet. It **must not** be teaching accommodation. If this room is used for other purposes as well as for medical accommodation, the body responsible **must** consider whether dual use is satisfactory or has unreasonable implications for its main purpose. The responsibility for providing these facilities in all maintained schools rests with the Local Authority.

12. Access to the school/setting's emergency procedures

- 12.1** As part of general risk management processes the school/setting has an emergency procedure.

- 12.2** Other children should know what to do in the event of an emergency, such as telling a member of staff.
- 12.3** All staff should know how to call the emergency services. Guidance on calling an ambulance is provided in Form 1.
- 12.4** All staff should also know who is responsible for carrying out emergency procedures in the event of need.
- 12.5** A member of staff will always accompany a child taken to hospital by ambulance, and will stay until the parent arrives.
- 12.6** Health professionals are responsible for any decisions on medical treatment when parents/carers are not available. *Paragraph 115*
- 12.7** Staff should never take children to hospital in their own car; it is safer to call an ambulance. *Paragraph 116*
- 12.8** Those with responsibility at different times of day (e.g. lunchtime supervisor) will need to be very clear of their role. *Paragraph 117*

13. Risk assessment and management procedures

This policy will operate within the context of the school's *Health and Safety Policy*.

- 13.1** The school will ensure that risks to the health of others are properly controlled.
- 13.2** The school will provide, where necessary, individual risk assessments for pupils or groups with medical needs.
- 13.3** The school will be aware of the health and safety issues relating to dangerous substances and infection.

This policy was last reviewed in April 2018 and will be reviewed annually.

Appendix
Template Forms

- Form 1:** Contacting Emergency Services
- Form 2:** Health Care Plan
- Form 3A:** Parental agreement for school to administer medicine (short-term)
- Form 3B:** Parental agreement for school to administer medicine (long-term)
- Form 4:** Record of medicine administered to an individual child
- Form 5:** Log of inhaler use

FORM 1

Contacting Emergency Services

--

Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information

1. Your telephone number
2. Give your location as follows
[insert school setting address]
3. State that the postcode is
4. Give exact location in the school/setting
[insert brief description]
5. Give your name
6. Give name of child and a brief description of child's symptoms
- 7 *Give details of any medicines given or prescribed*
8. Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by the telephone

FORM 2

Health Care Plan example proforma (this should be regularly reviewed)

Name of school/setting

Child's name

Group/class/form

Date of birth

Child's address

Medical diagnosis or condition

Date

Review date

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Describe medical needs and give details of child's symptoms

--

Daily care requirements (*e.g. before sport/at lunchtime*)

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*)

Form copied to

FORM 3A

Parental agreement for school/setting to administer medicine

(short-term)

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine. You are also agreeing to other appropriate employees of the Local Authority (such as Home-School transport staff) to administer medicine if authorised to do so by the school/setting.

Name of school/setting

Name of child

Date of birth

Group/class/form

Medical condition or illness

MedicineName/type of medicine
(as described on the container)

Date dispensed

Expiry date

Agreed review date to be initiated by

Dosage and method

Timing

Special precautions

Are there any side effects that the
school/setting needs to know about?

Self administration

Procedures to take in an emergency

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine
personally to

I accept that this is a service that the school/setting is not obliged to undertake. I understand that I must notify the school/setting of any changes in writing. *I understand that a non-medical professional will administer my child's medication, as defined by the prescribing professional only.*

Date

Signature(s)

FORM 3B**Parental agreement for school/setting to administer medicine (long-term)**

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine. You are also agreeing to other appropriate employees

of the Local Authority (such as Home-School transport staff) to administer medicine if authorised to do so by the school/setting.

Name of school/setting	
Date	/ /
Child's name	
Group/class/form	
Name and strength of medicine	
Expiry date	/ /
How much to give (<i>i.e. dose to be given</i>)	
When to be given	
Any other instructions	
Number of tablets/quantity to be given to school/setting	

Note: Medicines must be in the original container as dispensed by the pharmacy

Daytime phone no. of parent/carer or adult contact	
Name and phone no. of GP	
Agreed review date to be initiated by	[name of member of staff]

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting and other authorised staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

I understand that a non-medical professional will administer my child's medication, as defined by the prescribing professional only

Parent/carer's signature _____

Print name _____

Date _____

FORM 4

Record of medicine administered to an individual child part A

If more than one medicine is to be given a separate form should be completed for each one.

Name of school/setting

Name of child

Date medicine provided by
parent/carer

Group/class/form

Quantity received

Name and strength of medicine

Expiry date

Quantity received

Name and strength of medicine

Expiry date

Quantity received

Name and strength of medicine

Expiry date

Quantity received

Name and strength of medicine

Expiry date

Quantity received

Name and strength of medicine

Expiry date

Quantity returned

Staff signature _____

Signature of parent/carer _____

Record of medicines administered to an individual child Part B

School/setting West Street Community Primary

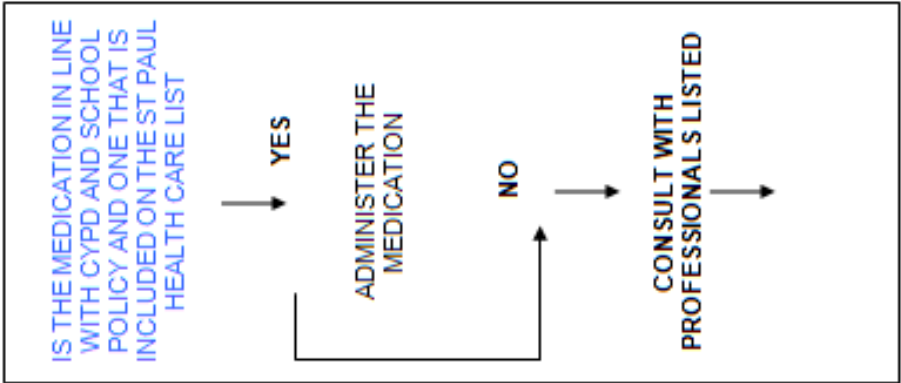
Date	Child's name	Time	Medicine	Dose given	Any reactions	Signature of staff	Print Name

FORM 5

Log of inhaler use Class:
Year Group:
Teacher:

Date& time	Inhaler use	Further notes	Signed	Role	Parent’s Signature

PROCESS FLOW CHART
COLUMN 3 – STAGE 3



IN PROCESS
TH CARE LIST