

Managing Medicines

This school is committed to reducing the barriers to sharing in school/nursery 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.

N.B. Paragraph numbers refer to the DCSF publication '*Managing Medicines in Schools and Early Years Settings*':

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

- 1.1 Parents/carers should provide full *written* information about their child's medical needs.
- 1.2 Short-term prescription requirements should only be brought to school if it is detrimental to the child's health not to have the medicine during the school day.

Paragraph 37

- 1.3 The school/setting 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/setting should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. 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. It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.

- 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/setting will refer to the DCSF 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/setting 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 DCSF guidance on planning educational visits.

Paragraph 58

- 2.3 The school/setting 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.

- 2.5 The school/setting 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/setting 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/setting will always designate a minimum of two people to be responsible for the administering of medicine to a child.
- 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 prior written permission from the parents/carers. Where the Head teacher agrees to administer a non-prescribed medicine it **must** be in accordance with this policy. The school will inform parents of this policy.
- 3.6. Criteria in the national standards for under 8's day care make it clear that non-prescription medicines should not normally be administered. If a child suffers from frequent or acute pain the parents/carers should be encouraged to refer the matter to the child's GP.
- 3.7. National Guidance states: 'A child under 16 should **never** be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.' The school/setting will inform parents of this policy.
- 3.8. Any controlled drugs which have been prescribed for a child must be kept in fixed locked cupboard in a secure location, except where pupils manage their own medication.
- 3.9. 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/settings normal emergency procedures will be followed.

Paragraph 35

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 DCSF 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. The Head and staff should always treat medical information confidentially. The Head should agree, in writing, with the child where appropriate, or otherwise the parent/carer, who else should have access to records and other information about a child.
- 4.4. If parents/carers have difficulty understanding or supporting their child's medical condition themselves, they should be encouraged to contact either the school nurse or the health visitor, as appropriate.
- 4.5. It is the parents/carers' responsibility to keep their children at home when they are acutely unwell. *Paragraph 83*
- 4.6. 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 or setting has day-to-day contact.
- 4.7. Prior written agreement should be obtained from parents/carers for any medicines to be given to a child. (See specimen forms).

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

Where there are long-term medical needs for a child, including administration of medicine a Health Care Plan should be completed, involving both parents/carers and relevant health professionals. If necessary, a Risk Assessment should also be created and shared with relevant staff.

- 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 paediatrician.
- 5.2. The new school/setting 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/setting 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
 - Parent or carer
 - Child (if appropriate)
 - Early Years Practitioner/Class Teacher
 - 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 DCSF 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 Policy on children carrying and taking their prescribed medicines themselves

An example of this would be a child with asthma using an inhaler.

- 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 There is no set age when a child or young person can take responsibility for their own medication. This needs to be a joint decision between school, parents/carers and the pupil. Please refer to relevant form.

Paragraph 46

- 6.3 Where pupils have been prescribed controlled drugs, these must be kept in safe custody. 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/setting 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.
- 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 will agree when and how such training takes place, in their capacity as a line manager. The head 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 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. In all cases, a new form should be completed.

Paragraph 50

- 8.2 The school will use the relevant form to record short-term / 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.
- 8.4 It is the parent/carer's responsibility to monitor when further supplies of medication are needed in the school. It is not the school's responsibility.
- 8.5 The relevant form should be used to confirm, with the parents/carers, that a member of staff will administer medicine to their child.

Paragraph 52

- 8.6 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. Recording sheets will be our record of medicines given.

Paragraph 55

9. Safe storage of medicines

- 9.1 The school/setting will only store, supervise and administer medicines 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.
- 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. All class teacher have a list in their classroom of who this applies to.
- 9.8 Schools may allow children to carry their own inhalers. This school will not do so.
- 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. The office fridge is 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 All medicines should be returned to the parent/carer when no longer required in order to arrange safe disposal (by returning to the unwanted supply to the local pharmacy). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label). Under no circumstances should unused medication be handed over to pupils. 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. *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. See CYPD's Policy and Guidance Document HS/ECS/058 Principles of Infection Control and Arrangements for Dealing with Bodily Fluids.
- 11.3 OfSTED guidance provides an extensive list of issues that early years providers should consider in making sure settings are hygienic.
Paragraph 114
- 11.4 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 *must* have arrangements in place for dealing with emergency situations. [This could be part of the school's first aid policy and provision. See DCSF Guidance on First Aid for Schools: a good practice guide, 1998]
- 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.
- 12.4 All staff should also know who is responsible for carrying out emergency procedures in the event of need.
- 12.5 Whenever possible 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 avoid transporting children to hospital in their own car; it is safer to call an ambulance. Where this cannot be avoided, the school should ensure that an additional responsible adult is available to accompany them. *Paragraph 116*

12.8 Individual Health Care Plans will include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency. 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 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.

14. Home to School Transport

Local Authority's Transport Policy

The authority recognizes that the journey to and from school, is a vital part of a child's day and sets out to maintain the co-operation of all those involved or linked with transport provision. This includes pupils, and students, their families, heads of schools, specialist teachers, school escorts, contractors and professional staff of this Department and other agencies such as the Health Service. Attention is also given to any special equipment and medical/physical needs a pupil or student has.

Access to Information

To ensure that the local authority is able to provide the appropriate support for pupils and students during their journey, parents/carers are required to complete the Local Authority's questionnaire providing details on medical/physical needs. This is accompanied by an information booklet produced by the LEA which highlights the importance of informing the Local Authority of any medical condition the child may have and where required details of treatment.

Pupils with Life Threatening Conditions

Several pupils are accessing home/school transport and have potentially life-threatening conditions. In such cases:-

- Trained personnel from the school act as escort
- A carer is provided through the appropriate agency eg – Health Service
- A Risk Assessment is carried out where the condition although not life-threatening, may require supply of specific safety equipment and/or, a specific training need for the escort, planned seating arrangements, specific design in the route to reduce travelling time and potential risks.

Emergency Procedures

- All drivers are required to carry a mobile phone/radio.
- It is specified in the Escort Guidance Booklet – where a child falls ill during the journey and where practicable, return to the home address, return to school and seek assistance, go directly to hospital and advise school, LEA and if possible parent(s).
- Training in Emergency First Aid is given to escorts.

The school will ensure that there is effective liaison with drivers and escorts providing home to school transport.

Appendix 1

Forms

Form 1:	Contacting Emergency Services
Form 2:	Health Care Plan
Form A:	Parental agreement for school/setting to administer medicine
Form B:	Headteacher/Head of setting agreement to administer medicine
Form C:	Request for child to carry his/her own medicine
Form D:	Record of medicine administered to an individual child
Form E:	Staff training record – administration of medicines

SANDBROOK PRIMARY

Management of Medicines in Schools and Early Years Settings Checklist

Checklist		Yes	No	Details
1.	Does the school have a written policy for administration of medicines in school?	Yes		Last reviewed Jan 2017
2.	Has the school nominated responsible persons to administer medicines?	Yes		N Humble P Try R Allison T Fogg
3.	Is there a clear statement on the roles and responsibility of staff managing administration of medicines, and for administering and supervising the administration?	Yes		Location – extract issued to nominated staff
4.	Have nominated staff received appropriate information, instruction and training on the school's policy and procedures	Yes		See training record
5.	Does the school have procedures for managing medicines on trips and outings	Yes		Risk assessments, consent forms, etc
6.	Has the school received a written agreement from parents for any medicines to be given to a child	Yes		Form completed
7.	Has the school confirmed, in writing, that they agree to administer medicines	Yes		Form completed
8.	Is there guidance for children carrying and taking their medicines themselves	No		n/a in our school
9.	Does the school maintain records for the administration of medicines	Yes		Form completed
10.	Do staff have access to the school's emergency procedures	Yes		Form
11.	Is a health care plan required for the individual	Yes		Completed as necessary by SENCo

Medicines Checklist

1.	Does the school have appropriate storage facilities taking into account temperature and security	Yes		Refrigerator Locked cabinet
2.	Is the medicine in the original container	Yes		
3.	Is the container clearly labelled with the name of the child, the name and dose of the medicine, the frequency of administration, the time of administration, any side effects and the expiry date	Yes		
4.	Are emergency medicines, such as asthma inhalers and adrenaline pens readily available	Yes		Kept in classroom and taken on all trips
5.	Does the school allow children to carry their own inhalers	No		Kept in a safe place in classroom except when on school visit

FORM 1

Contacting Emergency Services

Request for an Ambulance

Dial (9) 999, ask for ambulance and be ready with the following information

1. Your telephone number

0151 677 3231

2. Give your location as follows
SANDBROOK PRIMARY SCHOOL
STAVORDALE RD
MORETON

3. State that the postcode is
CH46 9PS

4. Give exact location in the school

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 the child.

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 (this should be regularly reviewed)

Name of school	SANDBROOK PRIMARY SCHOOL
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