



## **Managing Medicines Policy**

**Copley Junior School**

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## **MANAGING MEDICINES POLICY**

The purpose of this policy is to ensure that any medicines administered within school are done so in a safe and monitored environment. It has been written using guidance from the DfE 'Supporting pupils at school with medical conditions' publication of April 2014.

This policy forms a part of the school policy on Health and Safety required by law. This policy includes:-

- Procedures for managing prescription medicines that need to be taken during the school day.
- Procedures for managing prescription medicines on visits and outings.
- A clear statement on the roles and responsibility of staff administering or supervising the administration of medicines.
- A clear statement on parental responsibilities in respect of their child's medical needs.
- A policy on assisting children with long term or complex medical needs.
- A policy on children taking their prescribed medicines themselves.
- Staff training in dealing with medical needs.
- Record keeping.
- Safe storage of medicines.
- Disposal of medicines.
- Hygiene and infection control.
- Access to the school emergency procedures.

Children with medical needs have the same rights of admission to our school as other children. We aim to provide an inclusive environment and reasonable adjustments for children with disabilities, including those with medical needs, are made. Our Accessibility Plan details the school's strategic plans to increase access over time.

Most children will at some time have short-term medical needs, perhaps entailing a course of medication such as antibiotics. Some children, however, have longer term medical needs and may require medicines on a long-term basis to keep them well, for example, children with well-controlled epilepsy or cystic fibrosis. In line with government guidelines we ask that children are not sent to school when they are clearly unwell or infectious.

Parents/Carers have the prime responsibility for their child's health and should provide school with information about their child's medical condition. This should be done upon admission or when their child first develops a medical need.

### **Procedures for managing prescription medicines that need to be taken during the school day**

- Our school will only administer medicines which have been prescribed by a doctor, nurse independent prescriber, pharmacist prescriber or dentist, other than in exceptional circumstances agreed in advance by the Head teacher.
- We will only accept short term prescription medicines to administer if it is detrimental to the child's health if it were not administered during the school day.
- We will only accept medicines brought in by a responsible adult.
- We only accept medicines in their original container as dispensed by a pharmacist and instructions for administration from the prescriber should be included. 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
- We will not make any changes to the prescribed dose.
- Parents/Carers should make arrangements to collect the medicine from the school office at the end of the day unless alternative arrangements are made with school staff. Medicines will not be handed to a child to bring home.

### **Painkillers**

Painkillers such as paracetamol and aspirin will not be administered and must not be brought to school by pupils.

### **Patent medicines**

Cough/throat sweets or lip balm should not be brought to school by pupils.

## **Refusal of Medicine**

If a child refuses to take medicine, we will note this in the records and contact the named contact on the medical record form. If a refusal to take medicine results in an emergency then our emergency procedures will be followed.

## **Procedures for managing prescription medicines on visits and outings**

- We will make all reasonable adjustments to enable children with medical needs to participate fully and safely on visits. Risk assessments undertaken for visits will include provision for such children as appropriate.
- Staff supervising excursions will be aware of any medical needs and relevant emergency procedures. A copy of health care plans (see Form 2 in the appendix) will be taken on visits in case they are needed in an emergency.
- If staff members are concerned about whether they can provide for a child's safety or the safety of other children on the visit, they will seek parental views and medical advice from the child's GP or practice nurse.

## **Roles and responsibility of staff administering or supervising the administration of medicines**

There is no legal duty that requires school staff to administer medicines. Agreement to do so must be voluntary. Where the school agrees to administer medicines or carry out any other medical procedures, staff will receive training and support from health professionals as appropriate. Staff will be made aware of the correct procedure to follow in administering medicines, and of procedures in the event of a child not reacting in the expected way.

- A minimum of two people will always be responsible for administering any medicine to a child.
- Only designated staff who have agreed to administer medicine will be allowed to do so. These are the people who are most likely to know the child so supply teachers or peripatetic teachers will not be expected to administer medicines.
- We will always provide a supportive environment for children with medical needs and we work with parents, health professionals and other agencies to ensure the child's well being.
- All staff members responsible for the care of a child with medical needs are aware of what is expected of them.

### **Parental responsibilities**

- It is the parents'/carers' responsibility to provide the Head teacher with sufficient information about their child's medical needs.
- Parents are expected to work with us, the school, to reach an agreement on the school's role in supporting their child's medical needs, in accordance with the school's policy.
- The Head teacher should have parental agreement before passing on information about their child's health to other members of staff. Sharing this kind of information is, however, essential if staff and parents are to ensure the best care for a child. Parents are asked to record medical information about their child on the data sheets sent home annually.
  
- It is the responsibility of all parents to keep their child at home if the child is ill.
- It requires only one parent/carer to agree to medicines being administered to their child. This is likely to be the parent with whom school has day to day contact. (Form 3A or 3B in the appendix must be completed).
- Before we administer any medicine, written agreement will be obtained from the parent for any medicine to be given to a child.
- Parents will be encouraged to contact the school nurse if they have difficulty understanding or supporting their child's medical condition.
- A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

### **Assisting children with long term or complex medical needs**

- Where this is applicable a long term health care plan will be drawn up involving parents and the relevant health care professionals (see Form 2 in the appendix). It will be reviewed as and when appropriate but at least annually.
- A health care proforma clarifies for staff, parents/carers and the child the help that can be provided. Staff will be guided by the child's GP or paediatrician.

### **Children taking their prescribed medicines themselves**

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

- In our school we consider it to be good practice for the children to manage their own medicines with our help and support. Relevant medication will be stored in the school office or in the fridge as required. Inhalers are kept in an accessible labelled container within each classroom. The school maintains a new emergency inhaler kit in the school office. Form 7 in the appendix will be filled

in by the parent/carer to indicate that children may take their prescribed medicine themselves (e.g. use of an inhaler).

- There is no set age when a child can take responsibility for their own medication. This will be a joint decision between school, parents and the child. See Form 7 in the appendix.
- Where pupils have been prescribed controlled medication, staff are aware that this should be kept in safe custody.

### **Staff training in dealing with medical needs**

- The Local Authority will help ensure that staff receive proper support and training where necessary. The Head teacher will oversee this training provision.
- Staff who have a child with medical needs in their class will be informed about the nature of the condition and where the child might need extra attention. The child's parents/carers and health professionals should provide this information.
- Staff will be aware of any emergency which might arise with a child and what action to take if one occurs.
- Back up cover is provided if a member of staff responsible for a child is absent or unavailable.
- All staff necessary will be given relevant training. This will include lunch time supervisors.
- School will ensure that it has sufficient members of support staff who manage medicines as part of their duties and that they have received training as appropriate.
- Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child will have training and guidance as appropriate. They will be aware of the possible side effects of the medicines and what to do if these occur.

### **Record keeping**

- Parents must inform school about the medicines their child needs to take and provide details of any changes to the prescription or support required. School will check 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 or by a supporting letter from a medical professional.
- It is good practice to keep records of medicines given to pupils and the staff involved. It provides protection to staff and proof that they have followed agreed procedures. The records are kept in the school office and we use the forms (5 and 6) you will find in the appendix.
- We use form 3A to record short term administration of medication. Consent forms should be delivered personally by the consenting parent/carer.

- Form 3B is used to record long term administration of medication. Again, consent forms should be delivered personally by the consenting parent/carer.
- It is the parent's responsibility to monitor when further supplies of medication are needed. It is not the school's responsibility.
- Form 4 will be used to confirm, with the parents, that a member of staff will administer medicine to their child.

### **Safe storage of medicines**

- School will only store, supervise and administer medicine that has been prescribed for an individual child.
- Medicines will be stored strictly in accordance with product instructions - paying particular note to temperature and always in the original container in which dispensed.
- The container must be clearly labelled with the child's name, the dosage of the medicine and the frequency of administration.
- The amount and date of medication received should be entered on Form 5 and 6 in the appendix. Where a child needs two or more prescribed medicines, each should be in a separate container. Medicines should not be transferred from their original containers by non-healthcare staff.
- The child needs to know where their medicine is stored and who will support them in the administration of their medicine.
- All emergency medicines such as asthma inhalers and adrenaline pens (epipens) are readily available to the children and not locked away.
- If a medicine must be kept in the refrigerator then it must be clearly labelled. Access to the refrigerator in the staff room is restricted.

### **Disposal of medicines**

- School should not dispose of medicines. They should be returned to the parent/carer who is responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.
- Parents/carers should collect medicines held at the end of each term. If parents do not collect all medicines, they will be taken to a local pharmacy for safe disposal.
- Sharps boxes should always be used for the disposal of needles.

### **Hygiene and infection control**

- All staff are familiar with normal precautions for avoiding infection and following basic hygiene procedures.

- Staff have access to protective disposable gloves and sterile hand gels and should use them when dealing with spillages of blood or other bodily fluids and when disposing of dressings or equipment.

### **Access to the School's emergency procedures**

- All staff know who is responsible for carrying out emergency procedures in the event of need (see school's Emergency Plan).
- The children know that in an emergency they must immediately find a member of staff.
- Staff are aware of how to call the emergency services, guidance on how to call an ambulance is provided in Form 1 in the appendix. This is displayed in the school office.
- If a child has to be taken to hospital in an ambulance a member of staff will accompany them in the ambulance and wait at the hospital until a parent arrives.
- Health professionals are responsible for any decision on medical treatment when parents are not available.
- Staff should never take a child to hospital in their own car, it is safer to call an ambulance.
- Individual health care proformas include instructions as to how to manage a child in an emergency and identify who has responsibility in an emergency.

Policy reviewed and updated by all staff and the governors of the Curriculum and Standards sub committee: November 2015