

Managing Medicines Policy

Our 'Managing Medicines' policy sets out the steps which we take to ensure full access to learning for all our children who have medical needs and are able to attend school.

Short term need for medication

1.1. At some time during a pupil's school life, he/she may need to take medication – e.g. to finish a course of antibiotics or apply a lotion and to minimise the amount of time a pupil is away from school, it may be necessary to continue the treatment of antibiotics or lotion after the pupil returns to school to finish the course of medication. Where this happens it is advised that the parent requests that the prescription is such that the pupil does not need to take any medication whilst at school e.g. a dose-frequency of 3 times per day rather than 4 times per day dose. If the dose-frequency requires the child to take medication during the school day, in the short term, the parent will need to come to school to administer.

2. Long term need for medication

2.1. The school will only administer prescription medication when this is necessary in order to assist pupils with long-term or complex medical needs and where it would be detrimental to a pupil's health if the medicine was not administered during the 'school day'. In such circumstances, school and parents/carers will complete a Health care Plan; a parental agreement form for the school to administer medicine; and a form confirming the head's agreement to administer medicine. The school will decide which member(s) of staff will administer the medicine. We only allow medications onto the premises that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. We do not administer non-prescribed medicines.

3. Practical arrangements to ensure safety

3.1. Medicines must be provided in an original container (as dispensed by the pharmacist) and include the prescriber's instructions for administration. Prescribers should be encouraged to provide two prescriptions for a child's medication, where appropriate and practicable: one for home and one for use in the school, avoiding the need for the repacking or re labelling of medicines by parents. Any medication brought into school must be clearly marked with the name of the pupil and the recommended dosage. It must be kept secure, unless there are valid reasons for the pupil to keep that medication with them (e.g. asthma inhaler).

3.2. The SCHOOL will not ACCEPT MEDICINES THAT HAVE BEEN REMOVED FROM THEIR ORIGINAL CONTAINER NOR MAKE CHANGES TO DOSAGE ON PARENTAL INSTRUCTION.

3.3. Medicines are stored in the school office in a locked container.

3.4. Any member of staff giving medicine should check: the pupil's name; that there are written instructions provided by the parent or doctor; and the prescribed dose and the expiry date of the medicine.

3.5. If there is any doubt about these details, or they are not provided, then medication should not be given until the full details are known. Medication should not be administered until full information is provided.

3.6. Each time a pupil is given medication a record should be made, including the date, time, what was administered and, if necessary, details of any problems, which the person administering the medication should sign. A pro forma is kept in school for this purpose.

3.7. Staff should avoid bringing medication to school. Any medication which it is necessary to bring into school should be locked away and inaccessible to pupils.

4. Responsibility

4.1. The School accepts responsibility for members of staff who volunteer to give, or supervise children taking, prescribed medicine during the school day. The administering of medicine in school is a voluntary role for individual members of staff. Those who undertake this role and/or provide support to pupils with medical needs require sufficient training, information and instruction from the Headteacher and the child's parent/carer. Staff who volunteer to assist with the administering of medication and have been authorised by the Headteacher to undertake this task will be covered under the school's employer's liability insurance.

5. Asthma, Epilepsy, Diabetes, Anaphylaxis

5.1. We follow the guidance given in managing Medicines in Schools and Early Years Settings DES/DFH 2005 including the practical advice relating to Asthma, Epilepsy, Diabetes and Anaphylaxis.

5.2. Schools should encourage young people to take control of their medication and illness from a young age. The ages that children are able to take control of their medicines varies enormously. It should however be considered that in some circumstances a young person might not ever mature enough to take medical responsibility for themselves at school. As young people grow, develop and mature they should be encouraged to participate in decisions about their medications and to take responsibility.

5.3. If pupils are able to take medication themselves, then staff may only need to supervise. If a child is responsible enough to carry a particular medicine eg an inhaler, permission from a parent /carer is needed. The school needs to ensure that the safety of other pupils is not compromised in this situation.

5.4. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to pupils and should not be locked away.

6. Confidentiality

6.1 Staff always treat medical information confidentially. There should be agreement with the child and parents about who else should have access to records and other information about the child.

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