

Ridgeway Infant School  
Learn to love, love to learn

# MEDICINES IN SCHOOL POLICY



Date agreed: 22<sup>nd</sup> MARCH 2016

Minute Ref: FGB 15/081

Signature of Chair of FGB:

Review Due: MARCH 2018

Responsibility of the Full Governing Body

## **Medicines in School Policy**

This policy is based on guidelines from the DFES publication '*Managing Medicines in Schools and Early-Years Settings*' (2005).

### **Pupils with Medical Needs**

Most pupils will at some time have a medical condition that may affect their participation in school activities. For many this will be short-term; perhaps finishing a course of medicine.

Other pupils have medical conditions that, if not properly managed, could limit their access to education.

### **Support for Pupils with Medical Needs**

Parents or guardians have the prime responsibility for their children's health and should provide the school with information about any medical condition.

**There is no legal duty which requires school staff to administer medicine; this is a voluntary role.** Staff who provide support for pupils with medical needs or who volunteer to administer medicine will require access to relevant information and training.

### **Short Term Medical Needs**

Medication should only be brought into school when absolutely essential. Where possible, parents should ask the prescribing doctor or dentist, for medicines that can be taken outside of school hours.

However, we recognise that sometimes children do need to take medicines in school time. In such cases the parent/carer must give written permission for medicines, prescribed or non-prescription, to be given to a child before it can be administered for the first time. This written agreement must also include the time, frequency and quantity of dosage required, as well as a recent photo of the child.

Prescribed medicines must be handed over to the office in their original container, as dispensed by a pharmacist. The containers must identify the child by name and have the original instructions for administering, dosage and storage. The medicine must be checked to see if it is date.

A member of staff will then check the photograph prior to any medicines being taken to ensure that the child receives the correct medicine. The member of staff should then observe the child self-administer the medicine and make a note of the date, time and sign to state that the medicine has been successfully taken.

### **Non-Prescription Medication**

The school will not generally give non-prescribed medication to pupils. If a pupil regularly suffers from acute pain, such as migraine, parents should supply and authorise appropriate pain killers for their child's use, with written instructions. Where children require

## **Long Term Medical Needs**

The school needs to know about any medical needs before a child starts school, or when a pupil develops a condition. The school will need to know:

- Details of the condition
- Special requirements
- Medication and any side effects
- What to do, and who to contact in an emergency
- The role the school can play

## **Self-Management**

It is good practice to allow pupils who can be trusted to do so to manage their own medication from an early age. With this aim in mind, and for reasons of immediacy, children with inhalers will be expected to administer the required dose themselves. At the teacher's discretion, children may also carry their inhaler or keep it in their drawer. Other inhalers should be kept in the classroom in a safe place known and accessible to the children. All inhalers must be named. Children are reminded not to share inhalers.

## **Refusing Medication**

If pupils refuse to take medication, the school will not force them to do so and will inform parents immediately.

## **Record Keeping**

Parents are responsible for supplying information about medicines and for letting the school know of any changes to the prescription or the support needed. Parents/carers are responsible for ensuring any medication kept in school is contained in the original packaging, within the expiry date and to replace any medication with a replacement before expiry.

## **School Trips**

Pupils with medical needs are encouraged to participate in visits. Staff are made aware of any medical needs and arrangements for taking any necessary medication are put in place.

Sometimes an additional adult might accompany a particular pupil. There may also be the need to undertake a risk assessment for a particular child.

## **Sporting Activities**

Our PE and extra-curricular sport is sufficiently flexible for all pupils to follow in ways appropriate to their own abilities. Some pupils may need to take precautionary measures before or during exercise and be allowed immediate access to their medication if necessary, inhalers for example. Teachers supervising sporting activities are made aware of relevant medical conditions.

## **Storing Medication**

Any medication should be in a container that is labelled with the name of the pupil, name and dose of the drug and frequency of administration and within expiry date. Where a pupil needs

two or more prescribed medicines, each should be in a separate container. Non health care staff should not transfer medicines from their original containers.

Medicines are kept in the medicine fridge in the First Aid room. The fridge is kept locked at all times.

### **Disposal of Medicines**

The school does not dispose of medicines. Parents should collect medicines held at school and are responsible for the disposal of out-of-date medicines.

### **Hygiene Control**

Staff are familiar with normal precautions for avoiding infection and should follow basic hygiene procedures. Staff have access to protective disposable gloves and take care when dealing with blood or other bodily fluids and disposing of dressings or equipment.

### **Emergency Procedures**

Staff know how to call the emergency services. A pupil taken to hospital by ambulance will be accompanied by a member of staff.

Generally staff should not take pupils to hospital in their own car. However, in an emergency it may be the best course of action. The member of staff should be accompanied by another adult and, if possible, have public liability vehicle insurance.

### **Health Care Plans**

Some children require a health care plan to identify the level of support that is needed at school. The plans may identify specific training needed by volunteer staff. Staff should not give medication without appropriate training.

Training is given on an individual child basis, by the local health authority (usually the school nurse) for administering rectal diazepam and epipens.

Agreeing to administer intimate or invasive treatment is entirely up to each individual member of staff. No pressure is put on staff to assist in treatment.

Two adults should be present for the administration of intimate or invasive treatment, unless there are exceptional circumstances.

This policy will be reviewed every 2 years, or sooner if circumstances change.

**June 2018**

### **ADENDUM – agreed at Governors 19.6.19**

A school inhaler and adrenaline pen will be bought and stored centrally, this will be used as a back-up for any child.