



Policy and Procedure for Managing Medicine in School

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Introduction

Children with medical needs have the same rights of admission to school as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine 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.

Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack.

Most children with medical needs can attend school regularly and take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk. Parents should keep children at home when they are acutely unwell.

An individual health care plan can be used to help staff identify the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk.

Access to Education

Some children with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995, 2006. The DDA defines a person as having a disability if he has a physical or mental impairment which has a substantial and long-term adverse effect on his abilities to carry out normal day to day activities.

Under Part 4 of the DDA, responsible bodies for schools (including nursery schools) **must not** discriminate against disabled pupils in relation to their access to education and associated services - a broad term that covers all aspects of school life including school trips and school clubs and activities.

At Stourport Primary School we make reasonable adjustments for disabled children including those with medical needs at different levels of school life; and for the individual disabled child in our practices and procedures and in our policies.

Schools are also under a duty to plan strategically to increase access, over time to schools. This should include planning in anticipation of the admission of a disabled pupil with medical needs so that they can access the school premises, the curriculum and the provision of written materials in alternative formats to ensure accessibility.

Support for Children with Medical Needs

The school health service provides advice on health issues to children, parents and school staff. NHS Primary Care Trusts (PCTs) and NHS Trusts, Local Authorities, Early Years Development and Childcare Partnerships and governing bodies work together to make sure those children with medical needs and school staff have effective support.

Procedure is in place to manage the administration of medicines in school and to manage Care Plans used to support children with more complex health needs as part of our accessibility planning duties. See Policy for Supporting Children at School with a Medical Condition.

There is no legal duty that requires school staff to administer medicines. However, at Stourport Primary Academy designated support staff will administer medicine.

Staff managing the administration of medicines and those who administer medicines receive appropriate training and support from health professionals as appropriate.

There is a robust system in place to ensure that medicines are managed safely. There is an assessment of the risks to the health and safety of staff and others and measures are put in place to manage any identified risks.

All medicines will be stored safely. Children will know where their medicines are at all times and be able to access them immediately. Where relevant, they should know who holds the key to the storage facility. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away. This is particularly important to consider when outside of school premises, eg, on school trips

POLICIES and PROCEDURES

Prescribed Medicines

- No prescription medicine will be given without the parent's written consent.
- Medicines should only be taken to school when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day.
- We only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be in-date, provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. The exception to this is insulin which must still be in-date but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.
- We never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.
- It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents are encouraged to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

Controlled drugs

- The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medicines for use by children, eg, methylphenidate;
- The school will look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.
- Controlled drugs will be kept in a locked non-portable container and only named staff should have access. A record will be kept for audit and safety purposes. Form 3
- Controlled drugs will be returned to the parent when no longer required to arrange for safe disposal. If this is not possible, it will be returned to the dispensing pharmacist.
- Misuse of a controlled drug, such as passing it to another child for use, is an offence.

Non-Prescription Medicines

- Staff should **never** give a non-prescribed medicine to a child unless there is specific prior written permission from the parents. Where the Head Teacher or Deputy agrees to administer a non-prescribed medicine s/he must follow school procedure.
- Criteria, in the national standards for under 8s day care providers, make it clear that non-prescription medicines should not normally be administered. Where a non-prescribed medicine is administered to a child it should be recorded on Form 1 (see appendix) and the parents informed. If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP.
- A child under 16 will never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

Short-Term Medical Needs

Many children will need to take medicines during the day at some time during their time in a school or setting. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent. However, such medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the school day. Form 1 and Form 2 or Form 3 will be used (see appendix).

Long-Term Medical Needs

See 'Policy for Supporting Children at School with a Medical Condition'.

Administering Medicines

Any member of staff giving medicines to a child should check:

The child's name; prescribed dose; expiry date; written instructions provided by the prescriber on the label or container.

If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school.

Procedure for Managing Medicines which need to be taken during the school day

Responsibility of Medicine Administer

- At Stourport Primary School the clerical staff will, in the first instance, give medicine to children.
- A second member of the Clerical Staff will always be present.
- If there are not 2 clerical staff members on site responsibility will be given to staff in the following order:
 - DSL - Pam Newton
 - Head Teacher - Jacqui Elwis;
 - Deputy DSL - Ros Tomlinson;
 - SLT, KS2 leader - Claudia Hopkirk;
 - SLT - Alison Maybury;
 - Early Years Manager - Clair Yarranton
- No other staff member will give medicine for short term medical needs at school.
- For out of school activities lead teacher will be given the responsibility of medicine administration if required.
- Daily, long term medication will be given by the class teacher or teaching assistant at the Head's discretion in consultation with the DSL (see Supporting Pupils at School with Medical Conditions Policy).

Responsibility of Clerical Staff

- Require parents to complete Medication permission and record: individual pupil Form 1 (see appendix)
- Record details of medicine given using Form 2 (see appendix)
- To ensure the child's name is written on the medicine.
- To store medicine in an appropriate safe place. This must be out of reach of children
- To administer the medicine in accordance with the consent letter at the requested time.

Self-Management

If children can take their medicines themselves, staff may only need to supervise. Children may not carry, and administer their own medicines unless it is medically required, eg, inhaler, bearing in mind the safety of other children and medical advice, from the prescriber in respect of the individual child. Parental Consent Form 3 (see appendix) is required to be completed.

Where children have been prescribed controlled drugs staff need to be aware that these should be kept in safe custody.

Refusing Medicines

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and contact the parents immediately. If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed.

Record Keeping

Parents 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.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include: name of child; name of medicine; dose; method of administration; time/frequency of administration; any side effects; expiry date.

See Appendix for Forms used.

Educational Visits

At Stourport Primary Academy we encourage children with medical needs to participate in safely managed visits. However, reasonable adjustments need to be considered to enable children with medical needs to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It might also include risk assessments for such children. Sometimes additional safety measures may need to be taken for outside visits.

It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

If staff are concerned about whether they can 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.

Sporting Activities

Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

ROLES AND RESPONSIBILITIES

Parents

It only requires one parent to agree to or request that medicines are administered. As a matter of practicality, it is likely that this will be the parent with whom the school has day-to-day contact. Where parents disagree over medical support, the disagreement must be resolved by the Courts. The school should continue to administer the medicine in line with the consent given and in accordance with the prescriber's instructions, unless and until a Court decides otherwise.

It is important that professionals understand who has parental responsibility for a child. The Children Act 1989 introduced the concept of parental responsibility. The Act uses the phrase "parental responsibility" to sum up the collection of rights, duties, powers, responsibilities and authority that a parent has by law in respect of a child. In the event of family breakdown, such as separation or divorce, both parents will normally retain parental responsibility for the child and the duty on both parents to continue to play a full part in the child's upbringing will not diminish. In relation to unmarried parents, only the mother will have parental responsibility unless the father has acquired it in accordance with the Children Act 1989. Where a court makes a residence order in favour of a person who is not a parent of the child, for example a grandparent, that person will have parental responsibility for the child for the duration of the Order.

If a child is 'looked after' by a local authority, the child may either be on a care order or be voluntarily accommodated. A Care Order places a child in the care of a local authority and gives the Local Authority parental responsibility for the child. The local authority will have the power to determine the extent to which this responsibility will continue to be shared with the parents. A local authority may also accommodate a child under voluntary arrangements with the child's parents. In these circumstances the parents will retain parental responsibility acting so far as possible as partners of the local authority. Where a child is looked after by a local authority day-to-day responsibility may be with foster parents, residential care workers or guardians.

Parents should be given the opportunity to provide the head with sufficient information about their child's medical needs if treatment or special care needed. They should, jointly with the DSL, reach agreement on the school's role in supporting their child's medical needs, in accordance with the employer's policy. Ideally, the head should always seek parental agreement before passing on information about their child's health to other staff. Sharing information is important if staff and parents are to ensure the best care for a child.

Some parents may have difficulty understanding or supporting their child's medical condition themselves. Local health services can often provide additional assistance in these circumstances.

PARENTS MUST HAND THEIR CHILD'S MEDICINE DIRECTLY TO THE SCHOOL OFFICE.

The Governing Body

To develop policies to cover the needs of our academy which reflect those of WCC. The governing body has taken into account the views of the head teacher, staff and parents in

developing a policy on assisting pupils with medical needs. The school's governing body has followed the health and safety policies and procedures produced by the Local Authority.

The Head Teacher

The head is responsible for putting the employer's policy into practice and for developing detailed procedures. The Head has delegated day to day decisions to the Deputy Head.

The employer **must** ensure that staff receive proper support and training where necessary. Equally, there is a contractual duty for the head teacher to ensure that their staff receive the training.

The Head Teacher will make sure that all parents and all staff are aware of this policy and the procedures for dealing with medical needs. The Head Teacher will also make sure that the appropriate systems for information sharing are followed. The policy should make it clear that parents should keep children at home when they are acutely unwell. The Head Teacher and governors of school ensure that the policy and procedures are compatible and consistent with any registered day care operated either by them or an external provider on school premises.

For a child with medical needs, the Head Teacher will agree with the parents exactly what support can be provided. Where parents' expectations appear unreasonable, the head will seek advice from the school nurse or doctor, the child's GP or other medical advisers and, if appropriate, the employer. See Policy for Supporting Children with Medical Conditions.

If staff follow documented procedures, they should be fully covered by their employer's public liability insurance should a parent make a complaint. The Head Teacher will ask the employer to provide written confirmation of the insurance cover for staff who provide specific medical support.

Teachers and Other Staff

Some staff may be naturally concerned for the health and safety of a child with a medical condition, particularly if it is potentially life threatening. Staff with children with medical needs in their class or group will be informed about the nature of the condition, and when and where the children may need extra attention. The child's parents and health professionals should provide this information.

All staff will be aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover should be arranged for when the member of staff responsible is absent or unavailable. At different times of the day other staff may be responsible for children, such as lunchtime supervisors. It is important that they are also provided with training and advice. Use Form 4 to confirm that any necessary training has been completed (see appendix).

School Staff Giving Medicines

Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. Schools will ensure that they have sufficient members of support staff who are employed and

appropriately trained to manage medicines as part of their duties.

Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child will have appropriate training and guidance. They will also be 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.

DEALING WITH MEDICINES SAFELY

Storing Medicines

Large volumes of medicines will not be stored in school. Staff 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 in the original container in which dispensed. Staff will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. Where a child needs two or more prescribed medicines, each should be in a separate container. Staff should never transfer medicines from their original containers.

The Head Teacher is responsible for making sure that medicines are stored safely. All emergency medicines, such as asthma inhalers and adrenaline pens, will be readily available to children and will not be locked away. At Stourport Primary Academy children are allowed to carry their own inhaler where appropriate. Other non-emergency medicines will be kept in a secure place in the school office which is not accessible to children.

A few medicines need to be refrigerated. They are kept in the small meeting room refrigerator in an airtight container and clearly labelled. Children do not have access to this refrigerator unless supervised.

Staff Medicine

Any member of staff bringing personal medicine on to school property is responsible for its safe storage. All medicines must be stored in a secure place out of reach of children.

Access to Medicines

Children need to have immediate access to their medicines when required. At Stourport Primary Academy special access arrangements can be made when required. However, it is also important to make sure that medicines are only accessible to those for whom they are prescribed.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. Sharps boxes can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.

Hygiene and Infection Control

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

Emergency Procedures

As part of general risk management processes we have arrangements in place for dealing with emergency situations. Other children know what to do in the event of an emergency, such as, telling a staff member. All staff should know how to call the emergency services. Guidance on calling an ambulance is provided in Form 5 (see appendix). All staff should also know who is responsible for carrying out emergency procedures in the event of need. A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Staff should never take children to hospital in their own car; it is safer to call an ambulance. Individual health care plans include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency, for example if there is an incident in the playground a lunchtime supervisor would need to be very clear of their role.

Further Guidance

Guidance for Managing Medicines in School and Early Years Settings

Equality Statement

At Stourport Primary Academy we are committed to ensuring equality of education and opportunity for all pupils, staff, parents and carers receiving services from the school, irrespective of race, disability, sex, sexual orientation, gender reassignment, religion or belief, pregnancy and maternity, and age (for staff only). We will adhere to the legal definitions of these protected characteristics as set out in the Equality Act 2010.

We aim to develop and maintain a culture of inclusion and diversity, in which all those connected with the school feel proud of their identity and able to participate fully in school life.

Review of Policy

This policy is reviewed every year.

Linked policies:

First Aid policy and provision

Policy and Procedure for Head Bumps

Continence Policy

Anti-Bullying Policy

Safeguarding Policy

Equality Policy

Visits Policy

PE Policy

Procedure for dealing with Spillages of Blood and other body fluids

Policy for Supporting Children at School with a Medical Condition.

Administering Medicines to Children in the Nursery

Managing Children who are Sick, Infectious or with Allergies in the Nursery

Appendix 1 - The Medicines Standard of the National Service Framework (NSF) for Children 2004) recommends that a range of options for giving medicines in school are explored including:

- Prescribers consider the use of medicines which need to be administered only once or twice a day (where appropriate) for children so that they can be taken outside school hours;
- Prescribers consider providing two prescriptions, where appropriate and practical, for a child's medicines: one for home and one for use in school avoiding the need for repackaging or relabeling of medicines by parents.

Appendix 2

FORM 1 - Medication permission and record: individual pupil

FORM 2 - Record of medicines administered

FORM 3 - Request for child to carry his/her medicine

FORM 4 - Staff training record - administration of medication

FORM 5 - Contacting Emergency Services

Health Care Plan see Policy for Supporting Children at School with a Medical Condition.

FORM 1

Medication permission and record: individual pupil

The school will not give your child medicine unless you complete and sign this form.

Name of Child: _____ Class: _____ DoB: _____

Illness/Medical condition: _____

Medicine

Date medication provided by parent: _____

Name of medication: _____

Date dispensed: _____

Dose and method: _____

Time last given (If Ibuprofen): _____

When is it taken (time of day): _____

Quantity received: _____

Expiry date: _____

Date and quantity of medication returned to parent: _____

Any other information: _____

Self-administration: YES/NO

Contact Details

Day time telephone number: _____

Relationship to child: _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school immediately, in writing, if there is any change to the above information. I understand that I must deliver the medicine personally to the admin staff and accept that this is a service that the school is not obliged to undertake.

I have parental responsibility to sign this form.

Parent signature: _____ Print name: _____ Date: _____

Class Teacher signature: _____ Print name: _____ Date: _____

FORM 3

Request for child to carry his/her inhaler

THIS FORM MUST BE COMPLETED BY PARENTS

If staff have any concerns discuss request with school healthcare professionals

Child's Name: _____

Class: _____

Address: _____

Name of Medicine: _____

Procedures to be taken in
an emergency:

Contact Information

Name: _____

Daytime Phone No: _____

Relationship to child: _____

I would like my son/daughter to keep his/her inhaler on him/her for use as necessary.

Parent signature: _____ Print name: _____

Class Teacher signature: _____ Print name: _____

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

FORM 4

Staff training record – administration of medicines

Name of school/setting	
Name	
Type of training received	
Date of training completed	
Training provided by	
Profession and title	

I confirm that [name of member of staff] has received the training detailed above and is competent to carry out any necessary treatment. I recommend that the training is updated [name of member of staff].

Trainer's signature _____

Date _____

I confirm that I have received the training detailed above.

Staff signature _____

Date _____

Suggested review date

FORM 5

Contacting emergency services

Request an ambulance - dial 999, ask for an ambulance and be ready with the information below. Speak clearly and slowly and be ready to repeat information if asked.

1. your telephone number
2. your name
3. your location as follows [insert school/setting address]
4. state what the postcode is – please note that postcodes for satellite navigation systems may differ from the postal code
5. provide the exact location of the patient within the school setting
6. provide the name of the child and a brief description of their symptoms
7. inform Ambulance Control of the best entrance to use and state that the crew will be met and taken to the patient
8. put a completed copy of this form by the phone