

John Scurr Primary School

Cephas Street

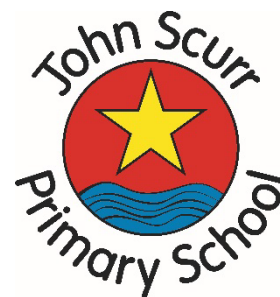
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Managing Medicines

Reviewed by:	Leadership & Governing Body
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Ratified by Governors:	
Governor Signature:	 

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 DfE publication 'Supporting pupils at school with medical conditions April 2014'.

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. If the period of administering medicine is 8 days or more, there must be an individual Pupil Health Care Plan.
- 1.3 The school will not accept medicines that have been taken out of the container as originally dispensed, nor make changes to prescribed dosages.
- 1.4 The school will not administer medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber, unless it is done as part of an individual Pupil Health Care Plan. The school will inform parents of this policy.
- 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. The school will keep controlled drugs in a locked non-portable container, to which only named staff will have access. A record of access to the container will be kept. Misuse of a controlled drug is an offence and will be dealt with under the school's Drug policy.
- 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
- 1.7 The school will refer to the DfES guidance document when dealing with any other issues relating to managing medicines.

2. Procedures for managing prescription medicines on trips, outings and during sporting activities

- 2.1 The school 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.
- 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.
- 2.3 The school 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 individual Pupil Health Care Plan.
- 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 must cooperate with the Local Authority in fulfilling its responsibilities regarding home to school transport. This may include giving advice regarding a child's medical needs.

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 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 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 Pupil Health Care Plan, involving specific written permission from the parents/carers. Where the head agrees to administer a non-prescribed medicine, it must be in accordance with this policy. The school will inform parents of this policy. Criteria in the national standards for under 8s day care 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 and the parents/carers informed. If a child

suffers from frequent or acute pain the parents/carers should be encouraged to refer the matter to the child's GP.

- 3.6 National Guidance states: 'A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.' The school will inform parents of this policy.
- 3.7 Any controlled drugs which have been prescribed for a child must be kept in safe custody.
- 3.8 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 normal emergency procedures will be followed.
- 3.9 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 DfE guidance document gives a full description of roles and responsibilities. (Paragraph 22)

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 Headteacher should have written parental agreement before passing on information about their child's health to other staff. Sharing information is important if staff and parents/carers are to ensure the best care for 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.
- 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.

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

5.1 Where there are long-term medical needs for a child, including administration of medicine for a period of 8 days or more, an Individual Pupil Health Care Plan (IHCP) should be completed, either using:

5.1.1 Form 2 Pupil Health Care Plan

5.1.2 Asthma IHCP

5.1.3 Allergy/Anaphylaxis IHCP

5.1.4 Diabetes IHCP

5.1.5 Epilepsy IHCP

and involving both the parents/carers and relevant health professionals.

5.2 A Pupil 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.

5.3 The school 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.

5.4 The school 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 consider a pupil's age and need to take personal responsibility.

5.5 Developing a Pupil Health Care Plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual child.

5.6 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 or head of setting
- Parent or carer
- Child (if appropriate)
- Early Years Practitioner/Class Teacher - Primary schools
- Care assistant or support staff
- Staff who are trained to administer medicines
- Staff who are trained in emergency procedures

5.7 The school will consult the DfE publication 'Supporting pupils at school with medical conditions April 2014' when dealing with the needs of children with the following common conditions:

- Asthma
- Epilepsy
- Diabetes
- Anaphylaxis

- 5.8 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. 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.
- 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
- 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.

7. Staff support and training in dealing with medical needs

- 7.1 The school 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 receives 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. The head of the school will make sure that all staff and parents/carers are aware of the policy and procedures for dealing with medical needs.
- 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 or setting 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.
- 8.2 The school record short-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.
- 8.3 The school will record 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 (For Early Years Settings) This setting will keep records on Medical Tracker of all medicines administered to children.

9. Safe storage of medicines

- 9.1 The school will only store, supervise and administer medicine 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.
- 9.8 Other non-emergency medicines will be kept in a secure place not accessible to children.
- 9.9 A few medicines need to be refrigerated. There will be restricted access to a refrigerator holding medicines in the main office
- 9.10 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.

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. Return of such medicines to parents should be documented.
- 10.2 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. This process should be documented.
- 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.

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.

12. Access to the school's emergency procedures

- 12.1 As part of general risk management processes the school has arrangements in place for dealing with emergency situations. This is part of the school's first aid policy and provision.
- 12.2 Other children should know what to do in the event of an emergency, such as telling a member of staff.
- 12.3 Health professionals are responsible for any decisions on medical treatment when parents/carers are not available.
- 12.4 Individual Pupil 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.

13. Risk assessment and management procedures

- 13.1 This policy will operate within the context of the school's Health and Safety Policy.
- 13.2 The school will ensure that risks to the health of others are properly controlled.
- 13.3 The school will provide, where necessary, individual risk assessments for pupils or groups with medical needs.
- 13.4 The school will be aware of the health and safety issues relating to dangerous substances and infection.