



# Stocksfield Avenue Primary School



## Managing Medication in School Policy

### AIM

To provide clear advice and guidance on managing medication in school and support for pupils with medical needs.

### RATIONALE

An increasing number of children and young adults with disabilities and medical needs are being included in mainstream educational settings. Some of these children may require assistance with personal and technical care. This new duty requires clear guidance in order to avoid causing anxiety for staff, children and parents.

### PURPOSES

By implementing the policy, we intend to achieve the following objectives:

1. To provide guidance and reassurance to all staff.
2. To safeguard the health and wellbeing of children.
3. To assure parents and carers that staff will be knowledgeable and competent as far as possible in the management of their child's care, given that school staff are not health professionals.
4. To develop policies related to the administration, storage and management of medicines in school.
5. To put into place effective management systems to support individual children with medical needs.
6. To identify roles and responsibilities in the management of medicines and supporting children with medical needs.
7. To take account of statutory responsibility.

### GUIDANCE

**Based on "Managing Medicines in School and Early Years Settings" (DFES-March 2005 and updated in December 2015)**

1. Medicines should only be taken in school when essential: that is where it would be detrimental to pupil's health if the medicine were not administered during the school day, e.g. 4 or more times a day; written details of the prescription and administration guidelines, from the prescriber, in the form of a letter, are

- necessary for school records. Without this information school will not administer the medicine.
2. Medicines that need to be taken 3 times a day will not be administered at school. They should be taken in the morning, after school and at bedtime.
  3. School will only administer medicines that have been prescribed by a doctor or dentist. Non-prescription medicine will not be accepted or administered to a pupil by school staff. However some doctors refuse to prescribe paracetamol due to price cuts so school staff can administer this provided a parent signs to say that it was recommended by a doctor and clearly states what dosage to administer.
  4. Parents must request in writing that their child be given medication and any subsequent changes must also be in writing.
  5. Medicines must always be in the original container as dispensed by the pharmacist and not be repackaged. Medicines that have been taken out of the container as originally dispensed will not be accepted.
  6. The label must indicate the date, pupil's name and the prescriber's instructions for administration. Instructions must be "as directed" only and not "as required".
  7. Staff receiving medication should read the label carefully, ensure the pupil's name is stated, ensure they understand the instructions and check prescribed dose and expiry date.
  8. Changes to dosage on parental instruction will not be accepted.
  9. Medication must be brought to the school office by an adult.
  10. Records of all medication received must be kept, even if not subsequently administered.
  11. Parents must give written consent. It only requires one parent to agree or request that medicines be administered.

## **RESPONSIBILITIES**

1. The Headteacher accepts responsibility for staff carrying out:
  - The administering or supervising of children taking prescribed medication during the school day.
  - Supporting children with more complex medical needs during the school day.
  - Personal care.
2. The Headteacher is responsible for the implementation of the policy and ensuring staff understand their roles and responsibilities.
3. Parents are responsible for
  - Informing the school of a child's medical needs.
  - For completing a health care plan with a member of staff.
  - For complying with arrangements as outlined in the care plan and informing school of any changes required immediately.
4. Governors are responsible for the annual review of the policy and practice.

**Public Liability is covered under the Department of Education's Risk Protection Arrangement (RPA) membership held by the school.**

### **STORAGE:**

1. Only the minimum amount necessary should be provided for the pupil. Large volumes of medication should not be stored.
2. A record should be kept of all medication received, even if it is not subsequently administered. This allows for an audit trail to be constructed.
3. Pupils must not keep their own medicines, other than inhalers. Class teachers monitor the use of inhalers.
4. Controlled drugs e.g. Ritalin must be kept in the locked cupboards located in the first aid area of the Business Manager's office. Only named staff to have access.
5. Epi-pens, inhalers and antihistamine, must be clearly marked and easily accessible in case of emergency.
6. In the event of loss, theft or burglary, the Headteacher must be informed immediately.

### **ADMINISTRATION OF MEDICATION:**

1. There is no legal or contractual duty on teachers to administer medication or supervise a pupil taking it, or carry out personal care tasks required to support children with medical needs. This is a voluntary role.
2. All staff have common law duty to act as any reasonable parent to make sure that children are healthy and safe in school; therefore staff would be expected to assist in an emergency.
3. Pupils may self-administer own inhalers, creams etc.; therefore school staff will only need to supervise.
4. Medicines must only be administered to the person named on the medication.
5. No-one must be given anyone else's medication under any circumstances. This would be an illegal act.
6. Before administering medication check the packaging for child's name, prescribed dose, expiry date, and pharmacist's instructions. If in doubt about a procedure, staff should not administer the medication but check with parents and/or health professionals, before taking further action.
7. Confirm the identity of the pupil to be given the medication.
8. Ensure pupil has actually taken the medication. If a pupil refuses to take medication, they should not be forced to take it. Parents/Carers should be informed as soon as possible.
9. Record sheets must be signed and dated by the person administering immediately after administering the medication.
10. At Stocksfield Avenue Mrs Duff takes the lead in the daily administration of medication ensuring all records are completed. In her absence Mrs Edwards takes on this duty.

## **DISPOSAL OF MEDICATION:**

1. Staff should not dispose of medication.
2. Medicines should not be flushed down the sink or the toilet.
3. Parents are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. Date-expired medication or any medication no longer required should be returned to the parent/carer. This must be given to an adult. The amount of returned medication should be logged.
4. Parents should collect medicines at the end of each term if they are due to expire. In-date medicines are passed up through year groups throughout the summer holidays so that they are available to children in their new year group.
5. Uncollected expired medicines will be disposed of appropriately. Sharps boxes should always be used for the disposal of needles e.g. epi-pens. These can be obtained by parents on prescription from a G.P. Collection and disposal of the boxes should be arranged with the Local Authority environmental services.

## **INDIVIDUAL HEALTH-CARE PLANS:**

1. Pupils on regular medication or if the regime is complex should have a care plan e.g. asthma, diabetes, ADHD, epilepsy, mobility difficulties.
2. Pupils who have short term illness which requires significant intervention in school should have a care plan for the duration of their treatment. (Short term illness lasting only a few days would not normally merit a care plan). Review arrangements should be agreed by all contributors.
3. The SENCO in consultation with the class teacher, parents, support staff and health professionals is responsible for drawing up the care plan. This should include:-
  - **Details about the child and his/her condition**
  - **Name and details of medication, including any side-effects**
  - **Curriculum Access**
  - **Special requirements, e.g. dietary needs, pre-activity precautions, facilities, equipment**
  - **Role of the staff and training requirements**
  - **Arrangements for off-site activities**
  - **Emergency procedures:**
    - **Who is responsible in an emergency**
    - **what constitutes an emergency**
    - **what to do**
    - **what not to do**
    - **who to contact**
4. Care plans will be retained by the Head Teacher. Copy care plans will be kept on pupil's files with the medication with a note on their contact details, with the SENCO and the Class Teacher. Supply Teachers will be made aware of this information when required.

## **STAFF TRAINING:**

Staff training should be provided for those staff who will be administering medication and adults who may be working with pupils requiring the use of an epi-pen and pupils with diabetes. The Deputy Head at Stocksfield Avenue ensures relevant staff are trained and records are kept of this.

## **SCHOOL TRIPS**

1. Pupils with medical needs must not be discriminated against and should be encouraged to participate in school trips.
2. A copy of their care plan should be taken.
3. Staff should be made fully aware of medical needs of pupil and procedures for administration of medication and relevant safety procedures.

## **CONFIDENTIALITY:**

1. This policy should be used in conjunction with the school's confidentiality and equal opportunities policies.
2. Pupils have a right to privacy and medical information should be treated as confidential. Medical information should be shared with the minimum number of people possible that would ensure the pupils safety.
3. Parental agreement should be sought about passing health information to staff. Sharing information is important if staff and parents are to ensure the best care for the pupil. However, if information is withheld from staff, they should not generally be held responsible if they act incorrectly in giving medical assistance, but act otherwise in good faith.

## **SPORTING ACTIVITIES:**

1. Most pupils with medical conditions can participate in PE.
2. Some pupils may need to take precautionary measures before or during exercise and may need immediate access to their medication.
3. Staff supervising sporting activities should be aware of the relevant medical conditions, medication requirements and emergency procedures.
4. Any restrictions should be appropriately recorded in the pupil's individual Health Care Plan.

## **HYGIENE AND INFECTION CONTROL:**

1. Basic hygiene precautions for avoiding infection should be followed, such as washing and drying hands before and after the administration of medication.
2. Disposable gloves should be used as appropriate and extra care taken when dealing with blood or other bodily fluids and when disposing of dressings or equipment.

## **EMERGENCY PROCEDURES:**

1. Where possible first aiders should provide essential first aid treatment and make an assessment of the situation.
2. Where necessary the ambulance service should be called. Staff should not take pupils to hospital in their own car in an emergency. This can hinder emergency treatment. An ambulance should always be called.
3. Parents should be informed immediately.
4. Any pupil taken to hospital by ambulance should be accompanied by a member of staff, who should remain until a parent/carer arrives. Health professionals are responsible for any decision on medical treatment when parents are not available. Staff should not make any decisions.
5. Emergency inhalers are available in school for use by children who are known to have an inhaler but for some reason this is not available. A consent form for this must be held, signed by a parent/guardian.

Policy Reviewed	October 2019
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