



Weston Schools Federation

Managing Medicine Policy 2022 -2023

Date of last review: November 2022

Date of next review: November 2024



Managing Medicines Policy

Weston Park Primary School and Weston Shore Infant School are committed to reducing the barriers to sharing in school 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.

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 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 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 behaviour policy.
- 1.5 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
- 1.6 The school will refer to the DfE guidance document when dealing with any other particular issues relating to managing medicines.
- 1.7 The school will administer medicines that have not been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber, in line with the DfE guidelines. This will be for a short agreed time, with parents' written consent.

2. Procedures for managing prescription medicines on trips and 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 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.

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 school, 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 will give a non-prescribed medicine to a child only where there is specific written permission from the parents/carers (Appendix 1). Where a non-prescribed medicine is administered to a child it must be recorded on a consent form. 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/setting's 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.

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 Parents are asked to confirm in writing if they do not want the Headteacher to share information about their child's health with other school 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 parent/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.
- 5.0 **Assisting children with long-term or complex medical needs**
Where there are long-term medical needs for a child, including administration of medicine for a period of 8 days or more, a Health Care Plan should be completed involving both parents/carers and relevant health professionals.
- 5.1 A 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.
- 5.2 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.
- 5.3 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 take into account a pupil's age and need to take personal responsibility.
- 5.4 Developing a Health Care Plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual child.
- 5.5 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)
 - Class Teacher
 - Teaching Assistant
 - Staff who are trained to administer medicines
 - Staff who are trained in emergency procedures
- 5.6 The school will consult the DfE publication 'Managing Medicines in Schools and Early Years Settings' when dealing with the needs of children with the following common conditions:
- Asthma
 - Epilepsy
 - Diabetes
 - Anaphylaxis
- 5.7 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, this would be monitored by a member of school staff.

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 receive proper support and training where necessary, in line with the contractual duty on head teachers to ensure that their staff receive the training. The Headteacher will agree when and how such training takes place, in their capacity as a line manager. 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 direction on the packaging of medication or by a supporting letter from a medical professional.
- 8.2 The school will use a Medical Consent Form (Appendix 1) to record 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 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.

8.4 The school will keep written records 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, or where written consent is given

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 Schools may allow children to carry their own inhalers. This school will not do so unless a child's Individual Health Care Plan identifies a need for this arrangement.

9.9 Other non-emergency medicines will be kept in a secure place not accessible to children.

9.10 A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but must be in an airtight container and clearly labelled. There will be restricted access to a refrigerator holding medicines. It is acceptable for a staff room fridge to be used for storage, as long as medical items are clearly labelled.

9.11 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. This will be considered as part of the policy about children carrying their own medicines.

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.
- 11.3 The Education (School Premises) Regulations 1999 require every school to have a room appropriate and readily available for use for medical or dental examination and treatment and for the caring of sick or injured pupils. It must contain a washbasin and be reasonably near a water closet. It must not be teaching accommodation. If this room is used for other purposes as well as for medical accommodation, the body responsible must consider whether dual use is satisfactory or has unreasonable implications for its main purpose. The responsibility for providing these facilities in all maintained school's rests with the Local Authority.

12. Access to the school/setting's emergency procedures

- 12.1 As part of general risk management processes the school must have arrangements in place for dealing with emergency situations.
- 12.2 Other children should know what to do in the event of an emergency, such as telling a member of staff.
- 12.3 All staff should know how to call the emergency services.
- 12.4 All staff should also know who is responsible for carrying out emergency procedures in the event of need.
- 12.5 A member of staff will always accompany a child taken to hospital by ambulance, and will stay until the parent arrives.
- 12.6 Health professionals are responsible for any decisions on medical treatment when parents/carers are not available.
- 12.7 Staff should never take children to hospital in their own car; it is safer to call an ambulance.
- 12.8 Individual 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

This policy will operate within the context of the school's Health and Safety Policy.

- 13.1 The school will ensure that risks to the health of others are properly controlled.
- 13.2 The school will provide, where necessary, individual risk assessments for pupils or groups with medical needs.
- 13.3 The school will be aware of the health and safety issues relating to dangerous substances and infection.

Appendix 1. Parental agreement for school to administer medicine

We are unable to give your child medicine unless you complete and sign this form and hand it to a member of staff. The schools policy on “Managing Medicines” is available to view on the schools website, a paper copy can be supplied on request.

Name of child			
Date of birth	/	/	
Medical condition or illness			
Medicine			
Name/type of medicine (as described on the container)			
Expiry date of medication	/	/	
Completion date / Review date	/	/	
Dosage and method			
Timing			
Special precautions			
Please describe any side effects that the school needs to know about?			
Self administration	Yes	<input type="checkbox"/>	No <input type="checkbox"/>
Procedures to take in an emergency			
Parent/Carer Contact Details			
Name			
Daytime telephone number			
Relationship to child			

- I accept that this is a service that the school is not obliged to undertake.
- I give consent to the school/authorised staff administering medicine in accordance with the school’s policy.
- I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.
- I understand that a non-medical professional will administer my child’s medication, as defined by the prescribing professional only.
- I authorise the Headteacher to share information about my child’s medical condition with school staff.
- I understand that I must deliver the medicine personally to the school office.

Parent/carer’s signature			
Print name		Date	

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

Appendix 2. Prescribed medication record

Name of child	
Date of birth	/ /
Class	

Date	Time	Medication	Dosage	Person administering	Witness





Signed Chair of Governing Body:

[date]

Signed Headteacher:

[date]