

CHANGE SCHOOLS PARTNERSHIP

Managing Medicines in School and Early Years Setting Policy

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Introduction

This is the Managing Medicines in Schools and Early Years Settings Policy for CHANGE Partnership, to ensure effective management systems to support individual children with medical needs who require access to their medicines whilst in school.

Statement of Intent

CHANGE Partnership is committed to:

- Have in place effective management systems to help support individual children with medical needs.
- Make sure that, within school, medicines are handled responsibly.
- Help ensure that all school staff are clear about what to do in the event of a medical emergency.

Organisation and Arrangements

Responsibility for the implementation by the Head teacher, class teachers and all employees is carried out as specified in the Managing Medicines in Schools and Early Years Settings Policy. The Appointed Health and Safety Co-ordinators will carry out the duties of the Head teacher/Head of School in his/her absence, as nominated.

Appointed officials for each school, are recorded on all First Aid/H&S information posters located in classrooms and general areas of school.

They are responsible to the Headteacher/Head of School for the following:

- Monitoring the operation of the Policy.
- Ensuring that all medicines in school are first approved by the Head teacher/Head of School (or deputy in case of absence of Head teacher)
- Carrying out the procedures for managing medicines in school as approved within the Policy.

MANAGING PRESCRIPTION MEDICINES, WHICH NEED TO BE TAKEN DURING THE SCHOOL DAY

1. 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, e.g. where the dosage number/level dictates that administration is necessary within school hours – 4 or more times a day or a certain number of hours between each dose. Medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.
2. It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies, which enable them to be taken outside school hours. Parents are to be encouraged to ask the Prescriber about this.
3. As a general rule, school should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist. In the case of non-prescribed medication, parents should always be asked to come into school to administer if possible. If this is not practicable (parents work/no other family member available), then the parent should always complete the Administering Medication form, in particular the section stating that 1. Their child has taken this medication before and had no allergic reaction and 2. They take full responsibility for the school administering the medication based on the dose stated, with no liability to the school.
NOTE: It is important that schools take a sensible approach regarding non-prescribed medicines. It has to be manageable, practicable and safe.
4. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. **School should never accept**

medicines that have been taken out of the container as originally dispensed and should not make changes to dosages on parental instructions.

MANAGING PRESCRIPTION MEDICINES ON TRIPS AND OUTINGS

1. A review and assessment of health care plans for any children with medical needs shall be undertaken prior to any planned trip or outing. It is the responsibility of the trip/outing organiser to liaise with the Welfare Assistant/Local Business Manager to enable them to consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This might include reviewing and revising the visits policy undertaking a risk assessment for such children. It may be necessary for an additional supervisor or a parent to accompany a particular child. Arrangements for taking any necessary medicines will also be taken into consideration.
2. Staff supervising excursions should always be aware of any medical needs and relevant emergency procedures.
3. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

ROLES AND RESPONSIBILITIES OF STAFF MANAGING ADMINISTRATION OF MEDICINES, AND FOR ADMINISTERING OR SUPERVISING THE ADMINISTRATION OF MEDICINES

1. **Confidentiality** – The Head teacher/Head of School and staff will always treat medical information confidentially. The Head teacher/Head of School will agree with the parent/carer who else should have access to records and other information about a child. **If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.**
2. **Parents' consent** - No child under 16 should be given medicines without their parent's written consent. This includes throat sweets, Calpol, anti-histamine medication
3. **Administering medicines** – **Only fully trained staff should administer medicines.**
If in doubt about any procedure staff should not administer the medicines but check with parents or a health professional before taking action.
4. Staff will have access to protective disposable gloves and take care when dealing with spillages of blood or other bodily fluids and disposing of dressings or equipment.
5. **Record keeping** - Written records must be kept each time any medicines are administered to children. This includes the usage of all types of asthma inhalers.
Parents should tell the school about the medicines that their child needs to take and provide details of any support required. *See points 7 – 10 below for the appropriate forms.*
6. 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:
 - i. Name of child
 - ii. Name of medicine
 - iii. Dose
 - iv. Method of administration
 - v. Time/frequency of administration
 - vi. Any side effects
 - vii. Expiry date
7. **Children Refusing to take their medicine** - If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures – refer to individual child's health care plan where applicable. Parents should be informed.
8. **Self-Management** – the School policy for children's self-management of medication covers asthma inhalers and adrenaline pens. All other medication will be governed through the

Welfare Assistant/Local Business Manager. Where children have been prescribed such controlled drugs, staff need to be aware that these should be kept in safe custody at all times. However children should access them for self-medication if it is agreed that it is appropriate.

- 9. FORMS** – The following forms are to be used appropriately to comply with the Trust’s Managing Medicines Policy. Compliance is essential, as procedures need to be followed by staff and parents, and records need to be held by the School as part of the School’s insurance requirements.
- a) Form 1 – Contacting Emergency Services** – This form acts as guidance for any member of staff contact the emergency services. Have a completed copy of this form by the telephone when making the call.
 - b) Form 2 – Health Care Plan** – A Health Care Plan form is to be completed for any child diagnosed with a medical condition that the School needs to be aware of and/or is required to administer long term medication. Responsibility of the welfare Assistant/Local Business Manager.
 - c) Form 3 – Parental Agreement for School to administer medicines** – This form should be given to parents to record detail of medicines to be administered. Nominated 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. This includes parents’ consent and any associated liability regarding administration of non-prescribed medicines.
 - d) Form 4 – Headteacher’s consent form** - All requests from parent, for staff to administer medication to children, need to first be approved by the Head Teacher.
 - e) Form 5 – Record of medicine administered to an individual child** – Form detailing clear instructions for administering medicine to a child. The form will be used to keep a written record of all medicines administered to children. Parents are required to sign the record log every day to acknowledge entries. Failure to comply with this instruction will result in further administration of medicines by the School being declined and parents will be required to come to School to administer medication to their child.
 - f) Form 6 – Record of medicine administered to all children** – to be used in events such as emergency vaccinations – this would be on rare occasions and only after careful consultation with parents.
 - g) Form 7 – Request for child to carry his/her own medicine** - (Asthma inhalers/Adrenaline pens)
 - h) Form 8 – Staff Training Record** – administration of medicines – a School record of all staff training undertaken
 - i) Form 9 – Authorisation for the administration of rectal diazepam**
- 10. 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. 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. It is important that a copy of Health Care Plans should be available to relevant staff with regard to sporting activities, P.E etc. 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.
- 11. Supply Staff** – Will have necessary information available to them as part of their school/classroom induction paperwork.

EMERGENCY PROCEDURES

1. The Trust's Health, Safety and Wellbeing and First Aid policies provides details of procedures to follow in the case of an emergency.
2. Other children should know what to do in the event of an emergency, such as tell another member of staff/adult.
3. In the absence of the parent/carer, a member of staff should always accompany a child taken to hospital by ambulance and should stay until the parent arrives.
4. Staff should NEVER take children to hospital in their own car: an ambulance should always be called.
5. Individual Health Care Plans should 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 needs to be very clear of their role.

PARENTAL RESPONSIBILITIES IN RESPECT OF THEIR CHILD'S MEDICAL NEEDS

1. Parents, as defined in section 576 of the Education Act 1996, include any person who is not a parent but has parental responsibility for or care of a child. In this context, the phrase 'care of the child' includes any person who is involved in the full-time care of a child on a settled basis, such as foster parent, but excludes baby sitters, child minders, nannies and school staff.
2. It only requires one parent to agree to or request that medicines are administered.
3. Parents will be given the opportunity to provide the Head teacher/Head of School with sufficient information about their child's medical needs if treatment or special care is needed. They should jointly reach an agreement on the School's role in supporting their child's medical needs. Sharing information is important if staff and parents are to ensure the best care for a child.
4. Managing Medicines in School is read in conjunction with the Trust's Health, Safety and Welfare Policy.

CIRCUMSTANCES IN WHICH CHILDREN MAY TAKE ANY NON-PRESCRIPTION MEDICINES

Children must NOT bring medication to school unless an agreement has been signed by parents and School (e.g. 'Soothers', cough sweets etc. are NOT permitted).

SCHOOL POLICY ON ASSISTING CHILDREN WITH LONG TERM OR COMPLEX MEDICAL NEED

It is the policy of CHANGE Schools Partnership to ensure that children with long term medical needs have the same rights of admission to school as other children. An individual Health Care Plan will help staff identify the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk.

Trained members of staff – normally the Welfare Assistant/Local Business Manager, together with the child's parents, will always draw up Health Care Plans. If there is any doubt as to whether the school is qualified to undertake long- term medical assistance, advice from professionals should first be sought. The Headteacher/Head of School will make the final decision on individual cases when deciding whether the School is able to assist children with long-term or complex medical needs.

POLICY ON CHILDREN CARRYING AND TAKING THEIR MEDICINES THEMSELVES

1. It is the policy of this Trust that ALL medicines requiring administration during school time will only be held at the main school office, after completion of the necessary paperwork. NO other medication will be held by a child for self-administration with the exception of asthma inhalers and adrenaline pens.

2. Children who are able to use their inhalers themselves (as agreed by the Head teacher/Welfare Assistant) should be allowed to have them to hand at all times.
3. If the child is too young or unable to take personal responsibility for their inhaler, staff will make sure that it is stored in a safe but readily accessible place, and clearly marked with the child's name.
4. Inhalers will always be available during physical education, sports activities, swimming and educational visits. The office staff are responsible for providing class teachers with inhalers/adrenaline pens prior to such activities/events.

STAFF TRAINING IN DEALING WITH MEDICAL NEEDS

1. The Trust is responsible for making sure that the relevant staff have appropriate training to support children with medical needs.
2. The School is responsible for making sure that there are appropriate systems in place for sharing information about children's medical needs. Information such as Health Care Plans and Allergy Notices must be kept up to date at all times. It is vital that any information is shared with the child's teacher and also the Catering Manager.
3. If Academy staff are in any doubt, the school nurse is available to help draw up any individual Health Care Plan. This can be arranged through the Inclusion team and/or the Welfare Assistant/Local Business Manager.
4. A health care professional should provide written confirmation of proficiency in medical procedures adopted by the Trust.

SAFE STORAGE OF MEDICINES

1. Medicines can only be accepted in the original container in which dispensed.
2. Medicines are to be stored strictly in accordance with product instructions (paying particular note to temperature).
3. Staff must 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.
4. Children should know where their own medicines are stored and who holds the key.
5. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away.
6. All medicines which need to be refrigerated must be kept in the medical refrigerator and locked at all times and medicines administered in the Medical Room,

DISPOSAL OF MEDICINES

1. Staff should NOT dispose of any medicines.
2. Parents are responsible for ensuring that date-expired medicines are returned to the pharmacy for safe disposal.
3. Parents are to collect prescribed medicines at the end of each day, where they will sign to acknowledge that doses have been given.
4. Parents are to collect their child's medication at the end of each term i.e. asthma inhalers and adrenaline pens, making certain they are returned promptly at the beginning of the following term.