Policy on
Managing Medicines in School

Agreed by Governors on…..14th November 16
To be reviewed on…….Autumn Term 2017
St Thomas CE Primary School

Policy on Managing Medicines in School

November 2016

Parental responsibilities in respect of their child’s medical needs

Parents have the prime responsibility for their child’s health and should provide school with information about their child’s medical condition. This is requested on admission to St Thomas CE Primary and should be up-dated as the need arises. Parents should obtain details from their child’s General Practitioner (GP) or paediatrician, if needed. A doctor, school nurse, health visitor and specialist voluntary bodies may also be able to provide additional background information for staff.

Long-Term Medical Needs

School should be provided with sufficient information about the medical condition of any child with long-term medical needs. The condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering. Parents should inform school about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary.

Health Care Plans

The main purpose of an individual health care plan for a child with medical needs is to identify the level of support that is needed. Not all children who have medical needs will require an individual plan. A short written agreement with parents may be all that is necessary.

An individual health care plan clarifies for staff, parents and the child the help that can be provided. Staff will be guided by the child’s GP or paediatrician. School will agree with parents how often they should jointly review the health care plan.

Procedures for managing prescription medicines which need to be taken during the school day

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. School will only accept medicines that have been prescribed by a doctor or medical
practitioner. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

Parents are requested to ask, where clinically appropriate, that medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

Parents must specifically request in writing that the school administers any medication.

Medicines should be handed in to a member of staff in the school office who will record the details on a school Medication Record sheet (see appendix 1). Written details include:

- the child's name
- name of medicine
- prescribed dose
- time/frequency of administration

Prior written agreement from parents for medicines to be given to a child

Parents should provide full information about their child's medical needs, including details on medicines their child needs. 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 will 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.

Non-Prescription Medicines

Staff will not give a non-prescribed medicine to a child unless there is specific prior permission from the parents and this will be recorded on a medication sheet (see appendix 2). Non-prescription medicines will only be administered in exceptional circumstances eg. toothache prior to a visit to the dentist. Aspirin will not be permitted or administered unless there is written authorisation from a medical professional.

Self-Management

If it is agreed with parents, children can administer medicines themselves eg. Inhalers/creams for psoriasis and staff will only supervise. However, bearing in mind the safety of other children, all medicines will be kept in the medical room/KS1 staff room.
**Refusing Medicines**

If a child refuses to take medicine, staff will not force them to do so, but will note this in the records and inform parents the same day. If a refusal to take medicines results in an emergency, the school’s emergency procedures will be followed.

**Record Keeping**

The school Medication Record file is kept in the medical room. A written record will be made of medicines to be given to children. The date, time and initials of the member of staff administering the medicine will be recorded. Consent letters are also kept in this file.

**Procedures for managing prescription medicines on educational visits**

Children with medical needs are encouraged to participate in safely managed visits. Planning arrangements will include the necessary steps to include children with medical needs and any risk assessments for such children.

Sometimes additional safety measures may need to be taken for outside visits, e.g. an additional supervisor or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also be made. Staff supervising excursions will 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.

**Sporting Activities**

Most children with medical conditions can participate in physical activities and extra-curricular sport. Flexibility allows all children to participate in ways appropriate to their own abilities, 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 would be recorded in an individual health care plan.

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.

**Staff training in dealing with medical needs**

If the administration of prescription medicines requires technical or medical knowledge then individual training will be provided to staff from a qualified health professional. Training is
specific to the individual child concerned. 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 made aware of the likelihood of an emergency arising and will contact the school First Aider, or in her absence, the Head teacher. At different times of the day other staff may be responsible for children, such as lunchtime supervisors. They will also be provided with training and advice.

**School Staff Giving Medicines**

Teachers’ conditions of employment do not include giving or supervising a pupil taking medicines. Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child will have appropriate training and guidance. They should also be aware of possible side effects of the medicines and what to do if they occur.

**Hygiene and Infection Control**

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

**Storing Medicines**

School 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 and in the original named container in which dispensed. Where a child needs two or more prescribed medicines, each should be in a separate container. Medicines will be kept in the medical room/KS1 staff room unless they need to be refrigerated.

**Access to Medicines**

Children need to have immediate access to their medicines when required and must inform a member of staff for this. Children are not allowed in to the medical room unsupervised.

**Disposal 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 will be taken to a local pharmacy for safe disposal.
Emergency Procedures

As part of general risk management processes school has arrangements in place for dealing with emergency situations. Children are taught what to do in the event of an emergency, such as telling a member of staff. All staff know how to call the emergency services and that the First Aider (or Head teacher) is responsible for carrying out emergency procedures in the event of need.

Parents will be contacted immediately to accompany the child to hospital. If this is not possible, a member of staff will accompany a child taken to hospital by ambulance, and stay until the parent arrives. Staff will not take children to hospital in their own car; it is safer to call an ambulance. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Confidentiality

All medical information will be treated confidentially. The Head will agree with the parents/child who else should have access to records and other information about a child. If information is withheld from staff they will not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

THE LAW

Legislation, notably the Education Act 1996, the Disability Discrimination Act 1995, the Care Standards Act 2000 and the Medicines Act 1968 are also relevant to schools and settings in dealing with children's medical needs. The following Acts are relevant to the health and safety of children attending early year's settings and schools. See appendix 1 for further information.

SEN and Disability Act 2001 Health and Safety at Work etc Act 1974
The Management of Health and Safety at Work Regulations 1999
Control of Substances Hazardous to Health Regulations 2002
Misuse of Drugs Act 1971 and associated regulations
Medicines Act 1968
The Education (School Premises) Regulations 1999
The Education (Independent Schools Standards) (England) Regulations 2003
National Standards for under 8s day care and childminding - Premises
Special Educational Needs - Education Act 1996
Care Standards Act 2000
Appendix 1

SEN and Disability Act (SEND Act) 2001

The SEN and Disability Act (SEND Act) 2001 amended Part IV of the Education Act 1996 making changes to the existing legislation, in particular strengthening the right of children with SEN to be educated in mainstream schools.

Schools and early years settings are both required to take 'reasonable steps' to meet the needs of disabled children.

SENDA also amended Part 4 of the Disability Discrimination Act (DDA) 1995 bringing access to education within the remit of the DDA, making it unlawful for schools and LEAs to discriminate against disabled pupils for a reason relating to their disability, without justification. This might include some children with medical needs. Part 4 duties apply to all schools; private or state maintained, mainstream or special and those early years' settings constituted as schools.

Some medical conditions may be classed as a disability. The responsible body of a school will need to consider what arrangements can reasonably be made to help support a pupil (or prospective pupil) who has a disability. The Disability Rights Commission has produced a Code of Practice for Schools. Advice and training from local health professionals will help schools when looking at what arrangements they can reasonably make to support a pupil with a disability.

Since September 2002 schools and LEAs have been under a duty not to treat less favourably disabled pupils or students, without justification, than pupils and students who are not disabled to make reasonable adjustments to ensure that disabled pupils and students are not put at a substantial disadvantage in comparison to those who are not disabled

Schools are not, however, required to provide auxiliary aids or services or to make changes to physical features. Instead, schools and LEAs are under a duty to plan strategically to increase access, over time, to schools. This duty includes planning to increase access to the school premises, to the curriculum and providing written material in alternative formats to ensure accessibility.

Part 4 duties cover discrimination in admissions, the provision of education and associated services and exclusions.

The reasonable adjustments duty in Part 4 includes provision of auxiliary aids and services making physical alterations to buildings (from October 2004)
Health and Safety at Work etc Act 1974

The Health and Safety at Work etc Act (HSWA) 1974 places duties on employers for the health and safety of their employees and anyone else on the premises. This covers the head teacher and teachers, non-teaching staff, children and visitors.

Who the employer is depends on the type of school:

for community schools, community special schools, voluntary controlled schools, maintained nursery schools and pupil referral units the employer is the Local Education Authority (LEA)

The employer of staff at a school or setting must do all that is reasonably practicable to ensure the health, safety and welfare of employees. The employer must also make sure that others, such as pupils and visitors, are not put at risk. The main actions employers must take under the Health and Safety at Work etc Act are to:

prepare a written Health and Safety policy
make sure that staff are aware of the policy and their responsibilities within that policy
make arrangements to implement the policy
make sure that appropriate safety measures are in place
make sure that staff are properly trained and receive guidance on their responsibilities as employees

Most schools and settings will at some time have children on roll with medical needs. The responsibility of the employer is to make sure that safety measures cover the needs of all children at the school or setting. This may mean making special arrangements for particular children.

Control of Substances Hazardous to Health Regulations 2002

The Control of Substances Hazardous to Health Regulations 2002 (COSHH) require employers to control exposures to hazardous substances to protect both employees and others. Some medicines may be harmful to anyone for whom they are not prescribed. Where a school or setting agrees to administer this type of medicine the employer must ensure that the risks to the health of staff and others are properly controlled.

Misuse of Drugs Act 1971 and associated regulations

The supply, administration, possession and storage of certain drugs are controlled by the Misuse of Drugs Act 1971 and associated regulations. This is of relevance to schools and settings because they may have a child that has been prescribed a controlled drug. The Misuse of Drugs Regulations 2001 allows 'any person' to administer the drugs listed in the Regulations.

Medicines Act 1968

The Medicines Act 1968 specifies the way that medicines are prescribed, supplied and administered within the UK and places restrictions on dealings with medicinal products, including their administration. Anyone may administer a prescribed medicine, with consent, to
a third party, so long as it is in accordance with the prescriber’s instructions. This indicates that a medicine may only be administered to the person for whom it has been prescribed, labelled and supplied; and that no-one other than the prescriber may vary the dose and directions for administration.

The administration of prescription-only medicine by injection may be done by any person but must be in accordance with directions made available by a doctor, dentist, nurse prescriber or pharmacist prescriber in respect of a named patient.

**The Education (School Premises) Regulations 1999**

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 schools rests with the Local Authority.

**Special Educational Needs – Education Act 1996**

Section 312 of the Education Act 1996 sets out that a child has special educational needs if he has a learning difficulty that calls for special educational provision to be made for him. Children with medical needs will not necessarily have special educational needs (SEN). For those who do, schools should refer to the DfE SEN guidance 30.

Section 322 of the Education Act 1996 requires that local health services must provide help to an LEA for a child with SEN (which may include medical needs), unless the health services consider that the help is not necessary to enable the LEA to carry out its duties or that it would not be reasonable to give such help in the light of the resources available to the local health services to carry out their other statutory duties. This applies whether or not a child attends a special school.

Help from local health services could include providing advice and training for staff in procedures to deal with a child’s medical needs if that child would otherwise have limited access to education. Local Authorities, schools and early years settings should work together, in close partnership with parents, to ensure proper support for children with medical needs.
Appendix 2

St Thomas CE Primary-Pupil Medication Log

Name: ________________________________________________

Address: ______________________________________________________________________ Date of Birth: __________________

________________________________________________________________________________ GP ______________________________

Allergies __________________________________________________________________________________________

<table>
<thead>
<tr>
<th>Date</th>
<th>Name of Person Who brought it in</th>
<th>Signature</th>
<th>Name of Medication</th>
<th>Amount supplied</th>
<th>Liquid / tablet</th>
<th>Expiry date</th>
<th>Dosage regime</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Register of Medication Administered

<table>
<thead>
<tr>
<th>Date</th>
<th>Medication</th>
<th>Amount given</th>
<th>Amount left</th>
<th>Time</th>
<th>Administered by</th>
<th>Comments / Action</th>
<th>Side effects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Agreed by______________________________

Returned to________________________date________
<table>
<thead>
<tr>
<th>Date</th>
<th>Medication</th>
<th>Amount given</th>
<th>Amount left</th>
<th>Time</th>
<th>Administered by</th>
<th>Comments / Action</th>
<th>Side effects</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>