# St. Mark's RC Primary School

## MANAGING MEDICINES IN SCHOOL Policy

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# Policy and Guidelines

The guidance set out in this LA policy is based on the document 'Managing Medicines in Schools and Early Years Settings' (DfES, March 2005) which sets out the legal framework for mainstream schools and LAs in supporting pupils who take medication. The guidance applies to all day and residential schools, both maintained and independent. It also applies to all early years settings including private and voluntary providers of day care.

As inclusion and disability policies become embedded, the need to administer medication in mainstream schools is increasing. Some children will have medical conditions that require support so that they can attend school regularly and take part in school activities.

All schools should have a clear, written policy on managing medication in schools and have effective management systems to support individual children with medical needs.
This guidance aims to provide information to help schools and governing bodies formulate their policies, taking into account their statutory responsibilities, local needs, resources and demands.

There is no legal or contractual duty on school staff to administer medicine or supervise a child taking it. Teachers' conditions of employment do not include giving or supervising a child taking medicines. Head teachers should ensure that they have sufficient members of support staff who have specific duties to provide medical assistance as part of their contract and that they are appropriately trained to manage medicines as part of their duties.

Teachers and other staff in schools have a common law duty to act as any reasonably prudent parent would to make sure that children are healthy and safe in school. In general, the consequences of taking no action are likely to be more serious than those of trying to assist in an emergency.

Some children with medical needs are protected from discrimination under the Disability Discrimination Act (DDA) 1995. Schools should be making reasonable adjustments for disabled children including those with medical needs. They are under a duty to plan strategically to increase access to school, including planning in anticipation of a disabled child with medical needs.

The medication required by children will vary from being transitory or short term to requiring daily administration, in order that children may access their education.

The Special Educational Needs (SEN) Code of Practice 2001 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child's educational needs rather than a medical diagnosis that must be considered.

Please note the following terms used in this document:

Schools Children Parents

- refers to Schools or Early Years Settings
- refers to children or young people
- refers to parents or carers

**Rationale**

To help all schools, early years providers and their employers to:

- Develop policies relating to the administration, storage and management
- of medicines
- Put in place effective management systems to support individual children with medical needs
- Identify roles and responsibilities in the management of medicines

**Principles**

Non-Prescribed Medication

No child under 16 should *ever* be given aspirin or ibuprofen unless prescribed by a doctor

**The LA recommends that it would not be in any school's interests to administer any medication that is not prescribed for a child, such as paracetamol, ibuprofen or aspirin. There are legal and insurance implications regarding the administration of non-prescribed medication.**

School staff should not administer non-prescription. These can be obtained on prescription; therefore if a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's G.P.

There may be rare occasions when schools decide to administer non-prescription medicines due to individual circumstances. In these cases the guidelines below should be followed:

- The head teacher must give prior written authorisation
- This should only done on the request of the parent/carer
- The parent/carer must
- provide specific prior written authorisation
- provide written instructions, detailing when their child last took the medication, what dosage is required and when they should take the next dose.
- supply the appropriate medication for their child's use
- Staff supervising the taking of such medication should notify parents/carers in writing on the day the medication is taken, detailing time and quantity taken.
- The administration of the medication must be recorded on an appropriate form on each occasion.
- Particular care should be taken, as staff may not be aware if the child has previously taken non-prescription medication and the effects this may have if the child is already taking other prescribed medication.
- Adequate insurance cover must be in place

Clear guidance should be given to parents, children and staff about the circumstances in which children may carry and take their own non-prescribed medication _

**Short Term Needs**

Medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the school day.

Sometimes, to minimise the time children need to be off school, it may be necessary for a course of antibiotics, for instance, to be taken in school or for a cream or lotion to be applied.
Whenever possible, parents/carers should be encouraged to ask doctors to prescribe medication in dose frequencies which can be taken outside of school hours.

**Long Term Needs**

It is very important for the school to have sufficient information about the medical condition of any child with long term medical needs.
The school should know about the child's medical needs before they start school or when a child develops a condition.

An Individual Health Care Plan should be written, involving the *parents/carers,* health professionals and the child. This should include:

- Details about the child and his/her condition
- Name and details of medication, including any side-effects Special requirements, e.g. dietary needs, pre-activity precautions Emergency procedures:
    - what constitutes an emergency
    - what to do
    - what not to do
    - who to contact
- Role of the staff

**No child under 16 should be given medication without the parent / carer's prior written consent**

It is parent's/carers responsibility to:

- ensure medication is in a suitable container
- ensure it is dated and labelled with:
    - the child's name
    - the name and strength of the medication
    - instructions for use
    - the quantity to be taken
    - the timing of the dosages.

Staff who receive the medication need to be satisfied with the container and labelling. They should:

- read the label carefully
- ensure the correct child's name is stated.
- ensure that they understand the instructions, including written instructions from the prescriber (This could be a doctor, dentist, nurse, or pharmacist)
- check the prescribed dosage on the pharmacist's label and the expiry date on the packaging.

Each time they administer or supervise the taking of medication "staff should:

- complete and sign record cards/sheets
- ensure that the child has actually taken the medication

If there is any doubt, staff should check with parents/carers or a health professional before taking further action.

**Self-Management! Administration**

It is good practice to encourage children, where appropriate, to manage their own medication from a relatively early age. If children are able to self-administer, school staff may only need to supervise. The school policy should state whether children can administer and/or carry their own medication, bearing in mind the safety of other children.

It is strongly recommended that medicines which are controlled drugs under The Mis-use of Drugs Act 1971 e.g. Methylphenidate (commonly known as Ritalin) are stored centrally, following the guidelines on

page 11.

**Refusal To Take Medication**

If a child refuses their medication, they should **not be forced** to take it. The school should inform the child's parents/carers as a matter of urgency.

Agreed procedures as set out in the school policy, or individual child's healthcare plan, should be followed

If necessary, the emergency procedures should be followed.

Appropriate recording of the refusal should be made, identifying the subsequent action taken, by whom and at what time.

**Record Keeping**

Records offer protection to staff and provide proof they have followed agreed procedures.

Schools should keep a record of medication given to children and of the staff involved.

Schools should always keep a record of all medication received, even if they do not subsequently administer it. This allows for an audit trail to be constructed.

It is the responsibility of parents/carers to supply written information about the medication their child needs to take in school and to let the school know in writing of any changes to the prescription or its administration or to the support required.

Parents or a doctor should provide the following details as a minimum:

- Name and strength of medication
- Dosage
- Time, frequency and method of administration
- Length of treatment
- Date of issue
- Expiry date
- Possible side-effects
- Storage details
- Other treatment

Schools should record any changes to dosage by updating the Request for School to Administer Medication form (Sample Form ii).

**School Trips**

Schools should encourage children with medical needs to participate in school trips. Reasonable adjustments should be considered to ensure the inclusion of all children.

Sometimes it may be necessary to undertake a risk assessment or to take additional safety measures, particularly for outdoor visits or activities.

Staff on school trips should be made fully aware of the medical needs of children, the procedures for administration of medication and the relevant emergency procedures. Staff who remain concerned about whether they can ensure the child's safety or the safety of others on the trip should seek medical advice from the School Health Service or Community Children's Nurses, as appropriate.

For further information on school trips see "Health and Safety of Pupils on Educational Visits: a good practice guide (DfES, 1998)

For further information relating to disability discrimination see 'Disability Discrimination Act, 1995'. The Disability Rights Commission' Code of Practice for Schools' July 2002.

**Sporting Activities**

Most children with medical conditions can participate in the PE curriculum or sports that are sufficiently flexible for all children to follow in ways appropriate to their own abilities/needs

Some children may need to take precautionary measures before or during exercise and may need to have immediate access to their medication. Staff supervising sporting activities should be aware of the relevant medical conditions, medication requirements and emergency procedures.

Any restrictions should be appropriately recorded in a child's Individual Health Care Plan.

**Home/School Transport**

Schools and/or parents/carers should alert the LA, if it is felt a child requires or may require supervision on home/school transport.

The LA provides appropriately trained escorts where they are considered necessary. They are trained to know what to do in an emergency.

Drivers and escorts are not normally required to administer medication.

For further details please refer to Newcastle LA's Transport Policy

## Roles and Responsibilities

**Parents or Carers:**

- Have primary responsibility for their child's health
- Are responsible for ensuring their child is well enough to attend school
- Should, where possible, arrange with their doctor for medication to be administered outside of school hours
- Should provide the school with details of their child's medical condition, and when and where the child may need extra or emergency attention.
- Should liaise with the head teacher to agree the school's role in helping to meet their child's medical needs, in accordance with the school's policy
- Are responsible for supplying written information about the medication their child needs to take in school and letting the school know in writing of any changes to the prescription or its administration or to the support required
- Should, where possible, arrange for a separate supply of medication for use in school
- Are responsible for the disposal of medication

It is important that professionals understand who has parental responsibility for a child. Further guidance is available in 'Managing Medicines in Schools and Early Years Settings' (DfES. March 2005).

It only requires one parent to agree to or request that medicines are administered.

Where parents/carers have difficulty supporting or understanding their child's medical conditions, assistance can be sought from the School Health Service or Community Children's Nurses, as appropriate.

**The Employer** (generally school governing body or the LA):

- Ensures the school's Health and Safety Policy is in place, including procedures for managing medication and effective management systems
- Ensures staff are aware of the policy and their responsibilities within it
- Ensures insurance fully covers staff acting within the scope of their employment
- Ensures correct procedures are in place and followed
- Has responsibility for ensuring staff receive appropriate training to support children with medical needs and needs to be satisfied the training has given staff sufficient understanding, confidence and expertise.
- Ensures that the policy and procedures are compatible and consistent with any registered day care operated either by them or an external provider on school premises
- NHS Primary Care Trusts have the discretion to make resources available for any necessary training.

**The Head teacher or Head of Setting :**

- Works with the governing body to develop their school's own policy
- Implements policy and develops detailed documented procedures
- Identifies named staff to administer medication and ensures they receive proper support and training
- Will make day to day decisions about the administration of medication, or delegate this as set out in the policy
- Ensures support and/or cover for absence or unavailability of staff who normally administer medicines
- Ensures appropriate systems for information sharing are in place and followed
- Ensures medication is stored safely
- Ensures staff and parents/carers are aware of the school's policy and procedures
- Informs parents/carers of any concerns they have about a child's medical condition
- Liaises with the Consultant in Communicable Disease Control following the outbreak of an infectious disease
- Agrees with parents/carers what support the school can provide
- Seeks written confirmation from the employer of insurance cover for staff who administer medication
- Ensures emergency procedures are in place
- Obtains agreement from parents/carers to share information about their child's medical condition/health with other staff members

In cases where the head teacher feels concern about meeting the child's medical needs or where the expectations of parents/carers appear unreasonable, they can seek advice from the School Health Adviser (School Nurse), Community Children's Nurses, School Doctor, G.P. or other medical advisers.

**Teachers and other staff**

- Staff with children with medical needs in their class or group should be informed about the nature of their condition, and when and where the children may need extra attention.

- All staff, including non-teaching staff, (e.g. support assistants, administration staff and lunch time supervisors) should be aware of the likelihood of an emergency arising and have training in the correct action to take.

**Staff agreeing to administer medication:**

- When staff agree to support a child with medical needs, they need to receive information about the condition and the likelihood, or not, of an emergency arising
- Tasks should be clearly identified with training provided before staff are asked to administer medication
- Should ensure appropriate records are kept
- Should be aware of any possible side-effects and what they do if they occur
- Should bring to the attention of the head teacher any concerns they have about a child's medical condition

**The School Health Adviser or Community Children's Nurse:**

- Can help schools to draw up an Individual Health Care Plan for children with medical needs
- Can supplement information given by parents/carers and G.P.s
- Can advise on training for school staff who have volunteered to administer medication
- May be prepared to attend school open days/evenings to give advice to parents/carers and school staff

**General Practitioner (G.P.)**

- Will give information about a child's medical condition to school staff, **providing** the child's consent is obtained (if he/she has the capacity) or otherwise that of the parents/carers

**Other Health Professionals**

- The Community Paediatrician may give advice to schools on individual children or on health problems generally
- NHS Trust Pharmacists can advise on storage, handling and disposal of medicines
- Community Paediatric Nurses, Community Children's Nurses or Specialist Nurses work as part of the NHS Acute or Community Trust. They can provide advice on the medical needs of a child, particularly when a medical condition has just been diagnosed and the child is adjusting to new routines.

## Dealing with Medicines Safely

A child should never, under any circumstances be given medication that has been prescribed for another child. **This would be an illegal act.**

Medicines may be harmful to anyone for whom they are not prescribed. Where schools agree to administer any medicine the employer has a duty to ensure the risks to the health of others are properly controlled. This duty is set out in the Control of Substances hazardous to Health Regulations (COSH H) 2002.

The Head teacher is responsible for making sure all medication is stored safely, especially drugs such as Methylphenidate (commonly known as Ritalin), which are controlled under The Mis-use of Drugs Act 1971. In most cases this will be in an appropriate labelled, container under lock and key.
However, should a medicine need to be refrigerated it **must** be in a clearly labelled airtight container. It is advisable that all medication is stored where temperatures are not excessive or it is likely to be extremely

humid.

Medication should be:

- supplied to the school in the original dispensed container and not repacked in another container labelled with
    - the name of the child
    - the name and strength of the medication
    - the dosage
    - the time, frequency and method of administration
    - the date of issue, the medication should have been dispensed within the previous three months.

Where children have more than one prescribed medicine, each should be in a separate container.

Staff should be aware of the procedures to follow in the event of a theft or burglary.

**Non-health care staff should not transfer medicines from their original container under any, circumstances.**

Children should know where their own medication is stored and who holds the key.
A few medicines, such as asthma inhalers and epi-pens, must be readily available to children and therefore not locked away. All staff should know where to obtain keys to the medicine cabinet or refrigerator for emergency purposes.

Local pharmacists may give advice to schools about correct storage of medicines.

**Access to Medication**

Children need access to their medication, when required, but it is also important to make sure the medication is only accessible to the child for whom it is prescribed. This should be considered as part of the school's policy on self - management.

The class teacher may keep Inhalers for pupils to use as required or prescribed. All inhalers must have the pupil's name written clearly on it.

All other medication is kept in the medicines cabinet in the school office. The Epipen for Wish is kept in the medicines cabinet in the medical room for easy access.

**Disposal of Medication**

**Medicines should not be flushed down the sink or the toilet**

School staff should not dispose of medication. This is the responsibility of parents/carers. Date expired medication or any medication no longer required by the child should be returned to the parents/carers. This should be done at least at the end of every term. Left over medications should not be stored over holiday periods in schools or other centres.

Schools should seek the advice of their local pharmacist about disposal of uncollected medicines.

When medicines are returned, or handed over to a pharmacist, this should be recorded appropriately. The child's name, the name of the medication, its form, the amount left and the signatures of the member of staff and parent / pharmacist receiving the medication should be logged.

Sharps boxes should always be used for the disposal of needles. These can be obtained by parents on prescription from the child's GP or paediatrician. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.

**Hygiene/Infection Control**

All staff should be aware of basic hygiene precautions for avoiding infection, such as washing and drying hands before and after the administration of medication.

Staff should have access to protective, disposable gloves and take extra care when dealing with spillages of blood or other bodily fluids and when disposing of dressings or equipment. Where needles are used, a sharps container and adequate arrangements for collection and incineration should be in place.

**Emergency Procedures**

All schools and settings should have arrangements in place for dealing with emergency situations.

All staff should know how to call the emergency services. They should also know who, in school, has responsibility for carrying out emergency procedures. (Mrs Powell, Mrs Cafferkey or Mrs Lomas)

Any child 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 decisions on medical treatment when parents are not available.

Normally staff should not take children to hospital in their own car. However, in an emergency it may be the only course of action. Another member of staff should accompany the driver. The driver should have public liability insurance.

Individual health care plans should include instructions on how to manage a child in an emergency and who has responsibility in emergency situations

## Drawing up an Individual Health Care Plan

The purpose of an individual health care plan is to identify the level of support that is needed. This will not be necessary for all children who are taking medication. The school should consider each child's individual needs, as children's ability to cope with their medical condition/poor health will vary. Whilst the medication policy should be uniformly applied, an Individual Health Care Plan will help to identify the level of support required in school, and the help the school can provide and receive.

Details of review arrangements should be agreed with all contributors, but the timing of reviews will vary according to the individual needs of the child.

**Contributors to the Health Plan may include:**

- The Headteacher or DHT
- The parent or guardian .
- The child (if appropriate)
- The class teacher
- The support Assistant
- School staff who have agreed to administer medication or be trained in emergency procedures

- Health professionals, e.g. School Health Advisers, Community Children's
- Nurses, Paediatrician, G.P.

**Co-ordination and Dissemination of Information**

Mrs Alison Miller has specific responsibility for this role. She has attended training on managing medicines and drawing up policies.

The headteacher is responsible for obtaining parents'/carers' permission to share information about a child's medical condition with other staff members.

Staff who may need to deal with an emergency will need to know about the child's medical needs and the procedures to follow.

The head teacher must make sure supply staff know about any medical needs.

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**Confidentiality**

The head teacher has responsibility for safeguarding the confidentiality of information regarding the health and medical treatment of children, and their right to privacy. Medical information should be treated in confidence, with regard to the Caldicott Report(1996), the Human Rights Act (1998) and the Data Protection Act (1998). Agreement should be reached with the parent/carer or the child (where appropriate) about who else should have access to information and/or records. 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. The head teacher should explain this carefully to parents/carers and/or children where they are reluctant to share information, and it should be appropriately recorded.

**Training**

The Individual Health Care Plan may reveal a need for staff to have additional information about a medical condition or a training need in administering particular medications or emergency procedures. Training should be arranged in conjunction with Health Authority staff.

Formal procedures and systems, are drawn up in partnership with parents/carers and staff.

This policy is on the school website.

- The head teacher accepts responsibility, in principle, for staff administering or supervising children taking prescribed medication during the school day.
- Mrs Miller, Mrs Wordsworth and Mrs Powell may administer medication.
- Any trained member of staff may administer the Epipen.
- Any trained member of staff may check blood sugar levels.
- A clear statement on parental responsibilities in respect of their child's medical needs
- The need for prior written agreement from parents/carers for any medication, prescription or non-prescription, to be administered to their child
- The policy for children carrying and self-administering their medication
- Procedures for managing prescription medicines that need to be taken during the school day
- A first aider will be responsible for managing prescription medicines on trips and outings
- During residential trips parent permission must be obtained if children may take non prescription medication, e.g. pain killers (analgesics) or antihistamines.
- All medical records are kept by Mrs Wordsworth in the school office.

This policy is supported by Managing Medication in Child Care Settings document.

Reviewed January 2014

Signed Chair of Governors