

Pott Shrigley and Bollington St John's  
Church of England Primary Schools



Sharing our Gifts and Growing our Talents Together

## Use of Medicines Policy

### Rationale

The Federation encourages attendance at school and recognises the need for pupils/staff to receive prescribed medication during their time in school. The Federation recognises the need to provide necessary measures to support pupils and staff with medical needs. The Federation also recognises the need to minimise risk to others while permitting administration of prescribed medication and to support attendance at school for safe storage and administration of any medication brought into school and seeks to provide clear guidance on the management of medication.

### Objectives

To recognise the need for individual health care plans for pupils with long term medical conditions and the need to work closely with medical professionals in the management of such plans.

To support pupils returning to school following an illness whilst still taking prescribed medication and where possible administer such medication on a voluntary basis, with signed requests from parents.

To manage and safely store prescribed medication for preventative treatments ie; asthma inhalers, where required.

To provide suitable training for staff in the administration of prescribed medications such as epi-pens.

### Guidelines

**The following safeguards should be observed in any case where the Headteacher agrees to accept responsibility for the administration of prescribed medicines to pupils .**

- The Federation school should receive a written request from the parent giving clear instructions regarding the required dosage. Where appropriate a doctor's note should be received to the effect that it is necessary for the child to take medication during school hours.
- The Headteacher should obtain consent from the parent/guardian naming the adult nominated to administer the medication. It must, however, be remembered that in spite of any form of disclaimer, the Headteacher must continue to exercise the duty of care. The necessary form (sample attached in Appendix 1) should be completed by the parent/guardian whenever a request is made for medication. This should be reviewed termly.

- Long-term illnesses, such as epilepsy or diabetes should be recorded on the child's SIMs record, together with appropriate instructions given by the appropriate medical professionals.
- Medicine, in the smallest practicable amount, should be brought to school by the parent/guardian, not the child, and handed directly to the Headteacher or nominated adult.
- Prescribed medicines must be clearly labelled with contents, owner's name and dosage, and must be kept in a safe and secure place appropriate to the contents, away from the children, unless they may be needed urgently (eg for asthma) and must be documented for receipt administration and dispatch.
- **We will not accept medicines that have been taken out of the container as originally dispensed, do not have pharmacy dispensing label attached or make changes to dosage on parent's instructions.**
- Non-prescribed medicines - Staff should **never** give a non-prescribed medicine to a young person unless there is a specific prior written agreement from parents and accompanied by a doctor's (or Health Professional's) note as in 3.1. for example the administration of Piriton in the case of anaphylaxis. **A young person under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.**
- Employees should keep any personal medication, prescribed or non-prescribed, in original packaging and away from pupils.
- A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labeled. There should be restricted access to refrigerators holding medicines.
- The young person should know where their own medicines are being stored and who holds the key. All emergency medicines, i.e. asthma inhalers and adrenalin pens should be readily available to the young person and should not be locked away.
- Only the nominated adult should administer medicines (to avoid the risk of double dosing). Arrangements should be made to relieve this member of staff from other duties while preparing or administering doses (to avoid the risk of interruption before the procedure is completed). If more than one person administers drugs a system must be arranged to avoid the risk of double dosing, i.e. completion of the dosing form on the reverse of the request form.
- The school will ensure that they have sufficient members of support staff who are adequately trained to manage medicines as part of their duties. Any member of staff who agrees to accept responsibility for administering prescribed medicines to a young person should have appropriate training guidance and support from health professionals. They should be aware of any potential side effects of the medicines and what to do if they occur. A written record of training and authority to carry out procedures should be kept both by the school and the member of staff.
- If a pupil brings to school any medication for which the Headteacher has not received written notification the staff of the school will not be held responsible for that medication and will contact parents/guardians to request such medication be removed from school for the protection of all pupils.
- In all cases where following the administration of medication there are concerns regarding the condition of the child, medical advice must be sought immediately.

- The school should keep written records each time medicines are given and staff should complete and sign this record. (See Appendix 2). Good records help demonstrate that staff have followed the agreed procedures. In early years settings such records **must** be kept and parents should be requested to sign the form to acknowledge the entry. If a young person refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. Parents should be informed of the refusal on the same day.

**Exception:** Inhalers for children with asthma need to be readily available. Where children are of a sufficient maturity they should be fully responsible themselves for the inhalers and keep them at all times. Inhalers should be kept by teachers in a readily accessible place and available for PE.

### **Long-Term Medical Needs**

It is important to have sufficient information about the medical condition of any young person with long-term medical needs. The school needs to know about any particular needs before a young person attends for the first time or when needs first develop, involving the parents and relevant health professionals. Such plans would include the following:-

- Details of the young person's condition
- Special requirements i.e. dietary needs, pre-activity precautions
- Any side effects of the medicines
- What constitutes an emergency
- What action to take in an emergency
- Who to contact in an emergency
- The role staff can play

### **Controlled Drugs (Controlled by the Misuse of Drugs Act)**

Any nominated member of staff may administer a controlled drug to the young person for whom it has been prescribed (in accordance with the prescriber's instructions). A young person who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools to look after a controlled drug, where it is agreed that it will be administered to the young person for whom it is prescribed. Schools must keep controlled drugs in a lockable non-portable container and only named staff have access to it. A record must be kept for audit purposes.

### **Disposal of Medicines**

All Medicines, including controlled drugs, will be returned to the parent, at the end of each term, as stated on the Request to give Medication form. If parents do not collect all medicines they should be taken to a local pharmacy for safe disposal.

### **Emergency Procedures**

School has arrangements in place for dealing with emergency situations. Individual Health Care Plans should include instructions as to how to manage a young person, for example if there is an incident in the playground, a lunchtime play leader needs to be very clear of their role. Details of pupils with special medical needs/reactions will be displayed on staffroom notice boards.

### **Circumstances Requiring Special Caution**

Whilst the administration of all medicines requires caution, there are certain circumstances requiring special attention before accepting responsibility;

These are:

1. Where the timing and nature of the administering are of vital importance and where serious consequences could result if a dose is not taken;
2. Where some technical or medical knowledge or expertise is required;
3. Where intimate contact is necessary.

In such circumstances the Headteacher will consider the best interests of the child, considering carefully what is being asked of staff concerned. The Headteacher will seek advice from the school health team. Clear policies should exist for administration of such medication and there should be clear written instructions, which are agreed by the parents, teachers and advisory medical staff. Clear records should be kept of any medication administered in school and parents should be informed whenever a child is given such medication, which is not part of a regular regime.

### **Invasive Procedures**

Some children may require treatments which staff may feel reluctant to provide e.g. the administration of rectal Valium, assistance with catheters, or the use of equipment for children with tracheotomies. There is no requirement for Headteachers/staff to undertake these responsibilities and in such circumstances the matter should be referred to the LA. Only staff who are willing and have been appropriately trained are to administer such treatment. This must be in accordance with instructions issued by the paediatrician or GP. Training in invasive procedures should be conducted by qualified medical personnel. For the protection of both staff and children a second member of staff must be present while more intimate procedures are being followed. The regular injection of children by teaching staff is not supported. Where it is known in advance that a child may be vulnerable to life-threatening circumstances the school should have in place an agreed plan of action. This should include the holding of appropriate medication and appropriate training of those members of staff required to carry out the particular medical procedures.

Whether or not the Headteacher agrees to administer medication or other treatment, the school should devise an emergency action plan for such situations after liaising with the appropriate community paediatrician. This has implications for school journeys, educational visits and other out of school activities. There may be occasions when individual children have to be excluded from certain activities if appropriate safeguards cannot be guaranteed.

### **Staff Competence in Administering Medicines**

Under Health and Safety legislation, it is necessary to ensure that staff are competent to perform the tasks which might confront them. This includes reacting to an emergency. Staff whose pupils may have conditions such as asthma or diabetes sufficiently severe to cause an emergency are entitled to proper instructions. If the school undertakes responsibility for the administration of special treatment it is essential that adequate training is provided for the nominated persons. The Headteacher will approach the appropriate community paediatrician who is willing to provide the necessary training.

A written record of the training and authorisation to carry out procedures should be kept both by the Federation school and the member of staff concerned.

### **Guidance On Parental Consent for Treatment**

Parental consent does not constitute a problem in the vast majority of cases. However, a pupil may belong to a religious body which repudiates medical treatment. Normally in such cases the parent will make the decision, which should be regarded as the most desirable course of action. However, the problem may be urgent or the parent unavailable. Parents who have specific beliefs which have implications for medical treatment should make their views and wishes known to the school, so the consequences can be discussed and if possible accommodated. In an emergency a member of staff would have recourse to ordinary medical treatment.

If a child is being taken on a school journey where medical treatment may be needed and the parent is not prepared to give written instructions and an indemnity on the subject of medical treatment, the school might decide that the pupil should not go on the journey, harsh though this may appear to be.

If a member of staff undertakes the responsibility for administering medicines and a child were to have an adverse reaction, in the event of a claim by the parent/guardian then the Authority will indemnify the member of staff concerned, subject to legal liability being established, and if he/she has reasonably applied this policy.

This policy is to be implemented with due regard to Health and Safety and in accordance with Equal Opportunity and Racial Equality policies.

Date: October 2015