

Managing Medicines Policy



Reviewed and approved by:	Governing Body	
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Signed by:	Chair of Governors	Headteacher
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SALTERGATE INFANT AND JUNIOR SCHOOLS Managing Medicines Policy

Saltergate Infant School and Saltergate Junior 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 schools will take to ensure access to learning for all their children who have medical needs and are able to attend school.

N.B. Paragraph numbers refer to the DCFS publication '*Managing Medicines in Schools and Early Years Settings*':

1. Managing prescription medicines which need to be taken during the school day.

1.1 Parents should provide full 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. i.e., 4 times per day prescription medicine such as antibiotics. *Paragraph 37*

1.2 The school/setting will **not** accept medicines that have been taken out of the container as originally dispensed, nor make changes to prescribed dosages. *Paragraph 26*

1.3 The school is able to administer paracetamol that has not been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber if it is agreed with school in advance and signed into school. The doses of medication will be recorded on Evolve.

1.4 Some medicines prescribed for children (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act. Members of staff may administer a controlled drug, in accordance with the prescriber's instructions. 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 code.

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

Paragraph 51

1.6 The school/setting will refer to the DCFS guidance document when dealing with any other particular issues relating to managing medicines.

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.

Paragraph 56

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. Please refer to the DCFS guidance on planning educational visits.

Paragraph 58

2.3.1.1 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.

Paragraph 60

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.

Paragraph 61

2.5 The school will cooperate with the Local Authority in fulfilling its responsibilities regarding home to school transport. This may include giving advice regarding a child's medical needs.

Paragraph 64

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 schools, settings, parents, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.

Annex A.

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 should **never** give a non-prescribed medicine to a child (in the case of paracetamol, see latest guideline form NYCC).

- 3.6 Any controlled drugs which have been prescribed for a child must be kept in safe custody.
- 3.7 If a child refuses to take medicine, staff will not force them to do so. Staff should record the incident and follow agreed procedures. Parents 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. (*Paragraph 49*)

N.B. *The DCFS guidance document gives a full description of roles and responsibilities Paragraphs 66 to 102.*

4. Parental responsibilities in respect of their child's medical needs

- 4.1 It is the parents' responsibility to provide the headteacher with sufficient 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 and ensuring the safety of all children.
- 4.3 The headteacher should have parental agreement before passing on information about their child's health to other staff. This information will be shared with staff at the school. Sharing information is important if staff and parents are to ensure the best care for a child.
- 4.4 If parents 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 parents' responsibility to keep their children at home when they are acutely unwell. *Paragraph 83*
- 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, using our online forms.

5. Assisting children with long-term or complex medical needs

Where there are long-term medical needs for a child, a Health Care Plan should be completed, involving both parents and relevant health professionals.

- 5.1 A Health Care Plan clarifies for staff, parents and the child the help that can be provided. It is important for staff to be guided by the child's GP or paediatrician.
- 5.2 The school will agree with parents 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. *Paragraph 119*

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.

Paragraph 120

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.

Paragraph 121

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)
- Early Years Practitioner/Class Teacher - Primary schools/Form Tutor/Head of Year - secondary schools
- Care assistant or support staff
- Staff who are trained to administer medicines
- Staff who are trained in emergency procedures

Paragraph 122

5.6 The school/setting will consult the DCFS 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

Paragraphs 131 – 193

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. These will be kept local to the child e.g. in their classroom.

Paragraph 45

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.

Paragraph 46

6.3 Where pupils have been prescribed controlled drugs, these must be kept in safe

custody.

Paragraph 48

7 Staff support and training in dealing with medical needs

- 7.1 The school will ensure that staff receive proper support and training where necessary, in line with the contractual duty on headteachers to ensure that their staff receive the training. The headteacher or teacher in charge of a setting will agree when and how such training takes place, in their capacity as a line manager. The head of the school or setting will make sure that all staff and parents are aware of the policy and procedures for dealing with medical needs. *(Paragraph 83)*
- 7.2 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.
- 7.3 The child's parents and health professionals should provide the information specified above.
- 7.4 All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.
- 7.5 Back up cover should be arranged for when the member of staff responsible is absent or unavailable.
- 7.6 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.
- 7.7 The school/setting will ensure that there are sufficient members of support staff who manage medicines as part of their duties. This includes the specification of such duties in their job description and participation in appropriate training.
- 7.8 Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child 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.
- 7.9 Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. Agreement to do so must be voluntary.

8 Record keeping

- 8.1 Parents should tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However the school will make sure that this information is the same as that provided by the prescriber. Any change in prescription should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional. *Paragraph 50*
- 8.2 The school will use Form 3A, which is online, to record short-term administration of medication. Consent forms should be delivered personally by the consenting parent/carer.

- 8.3 The school will use Form 3B, which is online, to record long-term administration of medication. Consent forms should be delivered personally by the consenting parent/carer.
- 8.4 It is the parent/carer's responsibility to monitor when further supplies of medication are needed in the school/setting. It is not the school's /setting's responsibility.
- 8.5 All early years settings **must** keep written records of all medicines administered to children.
Paragraph 54
- 8.6 Although there is no similar legal requirement for schools to keep records of medicines given to pupils, and the staff involved, it is good practice to do so. Records offer protection to staff and proof that they have followed agreed procedures. We keep records using Evolve.
Paragraph 55

9. Safe storage of medicines

- 9.1 The school will only store, supervise and administer medicine that has been prescribed for an individual child.
- 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 and the frequency of administration.
- 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.
Paragraph 107
- 9.6 Children will be informed where their own medicines are stored.
- 9.7 All emergency medicines, such as asthma inhalers will be readily available to children and will not be locked away. Adrenaline pens will be kept close to the child.
- 9.8 Schools may allow children to carry their own inhalers. This school will not do so, although inhalers are in the same room as the child.
- 9.9 Other non-emergency medicines will be kept in a secure place not accessible to children.
Paragraph 108
- 9.10 A few medicines need to be refrigerated. They will be kept in a refrigerator containing food but will be in an airtight container and clearly labelled. There will be restricted access to a refrigerator holding medicines.
Paragraph 109
- 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.

Paragraph 111

10. Disposal of Medicines

10.1 The school will not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.

10.2 Parents should also collect medicines held at the end of each day/term. If parents do not collect all medicines, they will be taken to a local pharmacy for safe disposal.

Paragraph 112

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. *Paragraph 113*

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.

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

12.1 As part of general risk management processes, the school will 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 are not available.

Paragraph 115

12.7 Staff should **never** take children to hospital in their own car; it is safer to call an ambulance.

Paragraph 116

12.8 In remote areas a school might wish to make arrangements with a local health professional for emergency cover.

Paragraph 116

12.9 The national standards require early years settings to ensure that contingency arrangements are in place to cover such emergencies. *Paragraph 116*

12.10 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. *Paragraph 117*

13. Risk assessment and management procedures

This policy will operate within the context of the school/setting'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/setting will be aware of the health and safety issues relating to dangerous substances and infection.

Final Statement

This policy has considered the implications and should be read in conjunction with the School's Equality Scheme, Special Educational Needs, Health and Safety Policy and all relevant National Curriculum, QCA and Department for Education guidelines.

FORM 1A

Contacting Emergency Services

Request for an Ambulance	
Dial 999, ask for ambulance and be ready with the following information	
1.	Your telephone number 01423 508552
2.	Give your location as follows SALTERGATE INFANT SCHOOL, NEWBY CRESCENT, HARROGATE, NORTH YORKSHIRE
3.	State that the postcode is HG3 2TT
4.	Give exact location in the school/setting
5.	Give your name
6.	Give name of child and a brief description of child's symptoms
7.	Inform Ambulance Control of the best entrance and state that the crew will be met and taken to patient MAIN SCHOOL ENTRANCE OR PLAYGROUND AND TAKEN DIRECTLY TO PATIENT

Speak clearly and slowly and be ready to repeat information if asked

FORM 1B

Contacting Emergency Services

Request for an Ambulance	
Dial 999, ask for ambulance and be ready with the following information	
1.	Your telephone number 01423 506866
2.	Give your location as follows SALTERGATE JUNIOR SCHOOL, NEWBY CRESCENT, HARROGATE, NORTH YORKSHIRE
3.	State that the postcode is HG3 2TT
4.	Give exact location in the school/setting
5.	Give your name
6.	Give name of child and a brief description of child's symptoms
7.	Inform Ambulance Control of the best entrance and state that the crew will be met and taken to patient MAIN SCHOOL ENTRANCE OR PLAYGROUND AND TAKEN DIRECTLY TO PATIENT

Speak clearly and slowly and be ready to repeat information if asked

FORM 2



Health Care Plan

Child's name

Group/class/form

Date of birth / /

Child's address

Medical diagnosis or condition / /

Date _____

Review date / /

Family Contact Information

Name

Phone no. (work)

(home)

(mobile)

Name

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Describe medical needs and give details of child's symptoms

Daily care requirements *(e.g. before sport/at lunchtime)*

Describe what constitutes an emergency for the child, and the action to take if this occurs

Follow up care

Who is responsible in an emergency (state if different for off-site activities)

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Form copied to

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FORM 3A Administering of Medicine

Parental agreement for school/setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Name of child

Date of birth

/ /

Class

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Date dispensed	
Expiry date	
Agreed review date to be initiated by (staff)	
Dosage and method	
Timing	
Special precautions	

Are there any side effects that the school/setting needs to know about?	
Self administration	NO
Procedures to take in an emergency	

Contact Details

Name

Daytime telephone no.

Relationship to child

Address

I understand that I must deliver the medicine personally to _____

I accept that this is a service that the school/setting is not obliged to undertake.

I understand that I must notify the school/setting of any changes in writing.

Date

Signature(s).....

A member of staff will administer the above medicine in accordance with the details above.

Signed on behalf of Saltergate Infant and Junior Schools

..... **Date**



FORM 3B Long Term Administration of Medicine

Parental agreement for school/setting to administer medicine

The school/setting will not give your child medicine unless you complete and sign this form, and the school or setting has a policy that the staff can administer medicine.

Date / /

Child's name

Group/class/form

Name and strength of medicine

Expiry date / /

How much to give (*i.e. dose to be given*)

When to be given

Any other instructions

Number of tablets/quantity to be given to school/setting

Note: Medicines must be in the original container as dispensed by the pharmacy

Daytime phone no. of parent or adult contact

Name and phone no. of GP

Agreed review date to be initiated by

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Parent's signature

Print name

Date

A member of staff will administer the above medicine in accordance with the details above.

Signed on behalf of Saltergate Infant and Junior Schools

..... **Date**



FORM 4

**Record of medicine administered to an individual child
(OR use new NYCC Form from 2016)**

Name of child

Date medicine provided by parent / /

Group/class/form

Quantity received

Name and strength of medicine

Expiry date / /

Quantity returned

Dose and frequency of medicine

Staff signature

Signature of parent

Date / / / / / /

Time given

Dose given

Name of member of staff

Staff initials

Date / / / / / /

Time given

Dose given

Name of member of staff

Staff initials

/ / / / / /