

Managing Medicines Policy

RIDGEWAY EDUCATION TRUST

Approved by Finance & General Purposes Committee: 20 October 2020

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This policy is designed to help the schools within the Trust, staff and parents understand their responsibilities in relation to supporting individual children with medical needs.

All medication will be administered to pupils in accordance with the DfE document **'Supporting pupils with medical conditions', December 2015.**

Parental responsibilities

Parents have the overall responsibility for their child's health and should provide schools and settings with information about their child's medical condition and details on medicines their child needs.

If medication is required to be administered to a child, best practice suggests there needs to be prior written agreement from parents. However, in exceptional circumstances, school staff can administer school-purchased paracetamol. In these circumstances, parents will be contacted, and the individual circumstances discussed and an agreed plan put into place.

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents are encouraged to ask their doctor or practice nurse about this.

It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

Parents should check on a regular basis that the school/child has sufficient medication at all times and that the medication is in date. It is not the responsibility of the school.

Parents should also collect medicines held in school at the end of the summer term. All medicines will be returned to the parent when no longer required to arrange for safe disposal.

School / Staff Responsibilities

There is no legal duty that requires school staff to administer medicines. However, any member of staff may administer a controlled drug to the child for whom it has been prescribed.

Staff administering medicines should do so in accordance with the prescriber's instructions.

Prescribed medicines will only be administered by school staff when a prior written agreement is in place.

Staff managing the administration of medicines and those who administer medicines should receive appropriate training and support from health professionals as appropriate.

If there are pupils in school with an auto-injector pen, e.g. EpiPen, then specific training will be undertaken by all staff annually.

No member of staff will administer any medication unless a request form has been completed by the parent/carer, unless in exceptional circumstances, where school staff can administer school-purchased paracetamol. In these circumstances, parents will be contacted, and an agreed plan put into place.

The school will only accept medicines that have been prescribed by a doctor.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. The school should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

Administering Prescription Medicines

No child under 16 should be given medicines without their parent's written consent.

Any member of staff giving medicines to a child should check the prescription label for:

- the child's name
- prescribed dose
- expiry date
- written instructions provided by the prescriber on the label or container.

If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action.

If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school or setting.

Safe storage of medicines

All non emergency medication kept in school are securely stored e.g. lockable cupboard in school office, refrigerated meds kept in clearly labelled container within fridge detail location with access strictly controlled.

All pupils know how to access their medication, this will be agreed in the IHCP if necessary.

Where children need to have immediate access to emergency medication i.e. asthma inhalers, epipen etc., it will be kept in the main office and clearly labelled.

A child who has been prescribed a controlled drug may have it in their possession. It is permissible for schools and settings to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.

Non-Prescription Medicines

Staff will not normally give a non-prescribed medicine to a child, however, in exceptional circumstances, over the counter painkillers may be administered. School staff can administer school-purchased paracetamol but in these circumstances, parents will be contacted, and an agreed plan put into place.

Record Keeping

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 in a timely manner without delay. However staff should make sure that this information is the same as that provided by the prescriber.

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:

- name of child
- name of medicine

- dose
- method of administration
- time/frequency of administration
- any side effects
- expiry date

Parent will need to complete Form B. Staff should check that any details provided by parents are consistent with the instructions on the container.

Form C can be used if short term prescription medicines are to be administered during a school residential trip.

For all medication administered (other than asthma inhalers) written records must be kept each time medicines are given. Staff should complete and sign a record each time they give medicine to a child (Form C – Record of medicine administered to an individual child).

Educational Visits

Any risk assessment for educational visits will include a section to ensure that the safety of children with medical needs have been considered.

A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

Storing Medicines

Children should know where their own medicines are stored.

The head is responsible for making sure that medicines are stored safely. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available and should not be locked away. The school allows children to carry their own inhalers. Other non-emergency medicines are kept in the school office.

Safety Management

All medicines may be harmful to anyone for whom they are not appropriate. All children in school are regularly informed that they must not take any medication which they may find and that all medication must be handed to an adult.

Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. Sharps boxes 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 and Infection Control

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

Emergency Procedures

As part of general risk management processes all staff are aware of how to deal with an emergency situation.

All staff know who is responsible for carrying out emergency procedures in the event of need. A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. In the case of an educational visit where only one member of staff is present, all attempts will be made to procure additional support from school so that a member of staff can go with the student but, if this is not possible, the member of staff will remain with the main group and the student will travel on his/her own with the paramedics. Health professionals are responsible for any decisions on medical treatment when parents are not available.

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

Individual Health Care Plans (IHCP) (Form A)

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. Health care plans will be put in place for any child with a significant medical need (other than asthma inhalers) where staff may need to administer medication.

Parents / carers are responsible for providing the school with up to date information regarding their child's health care needs and providing appropriate medication.

Health care plans will be completed at the beginning of the school year / when a child enrolls / on diagnosis being communicated to the school and will be reviewed annually by the originating author.

All key staff should be made aware of any relevant health care needs and copies of IHCP are readily available in the school office.

Asthma

Children with asthma need to have immediate access to their reliever inhalers when they need them. It is good practice to support children with asthma to take charge of and use their inhaler from an early age.

Children who are able to use their inhalers themselves are allowed to carry them on their person. If the child does not have the ability to take personal responsibility for their inhaler, staff should make sure that it is stored in a safe but readily accessible place in pupil services, and clearly marked with the child's name.

Inhalers should always be available during physical education, sports activities and educational visits.

For a child with severe asthma, the health care professional (GP or Practice Nurse) may prescribe a spare inhaler to be kept in the school or setting.

A child should have a regular asthma review with their GP or other relevant healthcare professional.

Parents should arrange the review and make sure that a copy of their child's management plan is available to the school or setting if applicable.

Children should have a reliever inhaler with them when they are in school or in a setting.

Children with asthma should participate in all aspects of the school or setting 'day' including physical activities. They need to take their reliever inhaler with them on all off-site activities.

Anaphylaxis

Anaphylaxis is an acute, severe allergic reaction requiring immediate medical attention. It usually occurs within seconds or minutes of exposure to a certain food or substance, but on rare occasions may happen after a few hours.

Common triggers include peanuts, tree nuts, sesame, eggs, cow's milk, fish, certain fruits such as kiwifruit, and also penicillin, latex and the venom of stinging insects (such as bees, wasps or hornets).

The most severe form of allergic reaction is anaphylactic shock, when the blood pressure falls dramatically and the patient loses consciousness. More commonly among children there may be swelling in the throat, which can restrict the air supply, or severe asthma. Any symptoms affecting the breathing are serious. Less severe symptoms may include tingling or itching in the mouth, hives anywhere on the body, generalised flushing of the skin or abdominal cramps, nausea and vomiting.

Even where mild symptoms are present, the child should be watched carefully. They may be heralding the start of a more serious reaction.

Auto-injector pens, e.g. EpiPens to treat anaphylaxis are stored in pupil services near first aid, students are encouraged to carry one on their person at all times.

All staff are trained annually on dealing with a child with anaphylaxis when there is a child in school who carries an auto-injector pen, e.g. EpiPen.

Special Dietary Needs

It is the parent's responsibility to provide the school with full details of the allergy from a doctor or dietician.

Form A: individual healthcare plan

Name of school

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

Relationship to child

Phone no. (work)

(home)

(mobile)

Clinic/Hospital Contact

Name

Phone no.

G.P.

Name

Phone no.

Who is responsible for providing support in school

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Describe medical needs and give details of child's symptoms, triggers, signs, treatments, facilities, equipment or devices, environmental issues etc

Name of medication, dose, method of administration, when to be taken, side effects, contra-indications, administered by/self-administered with/without supervision

Daily care requirements

Specific support for the pupil's educational, social and emotional needs

Arrangements for school visits/trips etc

Other information

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

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

Plan developed with

Staff training needed/undertaken – who, what, when

Form copied to

Form B: parental agreement for setting to administer medicine

The school 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 for review to be initiated by	
Name of school	
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	

Medicine

Name/type of medicine <i>(as described on the container)</i>	
Expiry date	
Dosage and method	
Timing	
Special precautions/other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – y/n	
Procedures to take in an emergency	

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

Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	[agreed member of staff]

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.

Signature(s) _____

Date _____

Form C: record of medicine administered to an individual child – office use only

Name of school	
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			

C: Record of medicine administered to an individual child (Continued)

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

