



MANAGING MEDICATION

Moulton Chapel Primary

School



STATUTORY REQUIREMENT

There is no legal duty that requires schools and staff to administer medication, this is a voluntary role. The 'duty of care' extends to administering medication in exceptional circumstances, and therefore it is for schools to decide their local policy for the administration of medication.

Exceptional circumstances are where the pupil suffers from a life threatening condition, which could result in loss of life if medication is not administered. Ultimately parents have the prime responsibility for their child's health and should provide schools with information about their child's medical condition at all times.

RATIONALE

Most pupils will at some time have a medical condition that may affect their participation in school activities and for many this will be short-term. Other pupils have medical conditions that, if not properly managed, could limit their access to education. An individual health care plan is put in place for long term medical needs to help staff identify the necessary safety measures in supporting their children and ensure that they and others are not put at risk.

Most children with medical needs are able to attend school regularly and, with some support from the school, can take part in most normal school activities. However, school staff may need to take extra care in supervising some activities to make sure that these pupils, and others, are not put at risk. Moulton Chapel Primary School is committed to ensuring that children with medical needs have the same right of access as other children.

INTRODUCTION

This policy has been formulated as part of the school Health and Safety Policy and Arrangements. In this policy we outline our management systems to support individual children with medical needs who require access to their medicines whilst in school, in accordance with the Medicines Standard of the National Service Framework for Children.

PROCEDURES FOR MANAGING PRESCRIPTION MEDICINES

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 or setting 'day'. Parents

should, wherever possible, administer or supervise the self administration of medication to their children. This may be affected by the child going home during the lunch break or by the parent visiting the establishment. However, this might not be practicable and in such a case parents may make a request for medication to be administered to the child at the school.

It is helpful, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours, please ask the doctor/prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, at tea-time and at bedtime.

We only administer medicines as requested by parents or doctor, dentist, or nurse prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. The school will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instruction. We also request that a spoon or relevant measure is included with the medication.

Staff will in all cases check:

- Name of child
- Name of medicine
- Dosage
- Written instructions provided by prescriber and parent
- Expiry date

A written record will be kept of the administration.

Prescribed medication kept at the establishment will be under suitable locked/safe storage and arrangements made for it to be readily accessible when required. Pupils must not bring their own medicines into school. Children should know where their medicines are stored. They should become more responsible, in KS2, for reminding the member of staff at relevant times, that they need their emergency medicine, but also staff should be mindful of those children in their class with conditions that may need emergency medicine to be administered.

All emergency medicines (asthma inhalers, epi-pens etc.) are readily available and not locked away. The school does not currently hold an emergency inhaler as per 'Guidance on the use of Emergency Salbutamol inhalers in schools' September 2014.

The school holds inhalers for each child and they are regularly checked for expiry dates by a member of staff.

PROCEDURES FOR MANAGING PRESCRIPTION MEDICINES ON TRIPS AND OUTINGS.

It is good practice for schools to encourage pupils with medical needs to participate in offsite visits. All staff supervising visits should be made aware of any medical needs and relevant emergency procedures. Where necessary individual risk assessments should be conducted. It should be ensured that a member of staff who is trained to administer the medicine accompanies the pupil on the trip e.g. any specific medication (e.g. epi-pens) and that they ensure the appropriate medication is taken on the visit. Medicines should be kept in their original containers (an envelope is acceptable for a single dose- provided this is very clearly labelled and handed to a member of staff).

CLEAR STATEMENT ON THE ROLES AND RESPONSIBILITIES OF STAFF MANAGING THE ADMINISTRATION OF MEDICINES.

The Head Teacher is responsible for making sure that staff have appropriate training to support children with medical needs. The head also ensures that there are appropriate systems for sharing information about children's medical needs. Training is given to staff to ensure sufficient understanding, confidence and expertise. Arrangements are in place to update training on a regular basis. A health care professional usually the school nurse, provides the training and subsequent written confirmation of proficiency in any medical procedure. The head is responsible for putting the policy into practice and for developing detailed procedures. For a child with medical needs, the head will agree with the parents exactly what support can be provided. Where parents' expectations appear unreasonable, the head will seek advice from the school nurse or doctor, the child's GP or other medical advisers and, if appropriate, the LA.

The Governing Body – The governing body will approve/review the policy on assisting pupils with medical needs. They will follow the health and safety policies and procedures produced by the Local Authority.

Teachers and Other Staff - All staff are made aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover will be arranged for when the member of staff responsible is absent or unavailable. At different times of the day other staff may be responsible for children, such as lunchtime supervisors, they are also provided with training and advice.

The School will ensure that there are sufficient members of staff who are employed and appropriately trained to manage medicines as part of their duties. It is important that responsibility for child safety is clearly defined and that each person involved with children with medical needs is aware of what is expected of them. Close co-operation between schools, settings, parents, health professionals and other agencies helps to provide a suitably supportive environment for children with medical needs

The Local Authority- As a community school the Local Authority, as the employer, is responsible for all health and safety matters. The Local Authority provides a general policy framework to guide schools in developing their own policies on supporting pupils with medical needs.

STATEMENT ON PARENTAL RESPONSIBILITIES IN RESPECT OF CHILD'S MEDICAL NEEDS.

Parents/carers should be given the opportunity to provide the head with sufficient information about their child's medical needs if treatment or special care needed.

They should, jointly with the head/deputy head, reach agreement on the school's role in supporting their child's medical needs, in accordance with the employer's policy. The head will always seek parental agreement before passing on information about their child's health to other staff. Sharing information is important if staff and parents are to ensure the best care for a child. Local health services can often provide additional assistance in circumstances where parents have difficulty understanding or supporting their child's medical condition themselves. If the child has long term medication any changes in dosage and administration must be communicated to the school 24-48 hours before the changes are effective by the parent coming into school and completing a new agreement form.

NEED FOR PRIOR WRITTEN AGREEMENT FROM PARENTS FOR ANY MEDICINES TO BE GIVEN TO A CHILD.

In such cases where it is not possible for parents to administer the medicine themselves at school or where it is impossible to manage the dose at home they may make a request for medication to be administered to the child at the school. They must do this on the official form supplied. **Form 1.**

With regard to children who have Asthma, parents should complete a school Asthma card and return this to school as soon as possible. A copy of this card will be stored with the child's inhaler.

THE SCHOOL POLICY ON ASSISTING CHILDREN WITH COMPLEX MEDICAL NEEDS.

Some children and young people with medical needs have complex health needs that require more support than regular medicine. The school will always seek medical advice and possibly training regarding each child or young person's individual needs. A health plan will be in place. All staff will be made aware of the child's needs, and part of their training will be in dealing with emergency situations.

The school is aware that if a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school or a setting. The impact may be direct in that 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. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on the child.

POLICY ON CHILDREN CARRYING AND TAKING THEIR MEDICINES THEMSELVES.

It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age and the school encourages this, especially in the treatment of Asthma and also for diabetics. The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility. It is the expectation that older children (KS2) with a long-term medical condition, such as Asthma, should

whenever possible, assume responsibility for taking and carrying their medication. This will be supported by staff. If children can take their medicines themselves, staff may need to supervise. At all times, the safety of other children is paramount and medical advice from the prescriber in respect of the individual child will be considered. Medicines will always be stored safely but keeping in mind issues of accessibility as in the case of Asthma pump users. Children are not allowed throat sweets/medication unless the parent has completed the necessary pro-forma.

STAFF TRAINING IN DEALING WITH MEDICAL NEEDS.

Mrs Baker, Mrs Andrew and Miss Mackey are the named personnel who have had advanced first aid training in school. All staff have basic first Aid training every two years. At the beginning of every new academic year, teaching staff, support staff and teaching assistants are trained in the use of Epi-pens, in case of anaphylactic reactions and also in administering drugs for Epilepsy.

RECORD KEEPING.

Parents should tell the school or setting about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. 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

A record is always kept of medicine administered by a member of staff (**See Form 2**). This will be monitored by the Head teacher, and reason why medication has not been administered is to be

documented and communicated with parents on the day in question. The School Asthma card must be completed annually by parents and signed by either the child's GP or Practise nurse.

SAFE STORAGE OF MEDICINES.

Ideally controlled drugs are only brought in on a daily basis by parents, but certainly no more than a week's supply and the amount of medication handed over to the school should always be recorded. Controlled drugs are stored in a locked non portable container, i.e. the first aid cabinet (locked), and only specific named staff allowed access if drugs need refrigeration they are kept in the small fridge in the kitchen. Other drugs like epi-pens are also stored by the teachers safely. Pupils are not allowed in the kitchen area without supervision. Essential drugs for epilepsy are kept safely in the classroom as they need to be at hand. Pupils are allowed to carry their own asthma treatments.

RISK ASSESSMENT AND MANAGEMENT PROCEDURES

These take place periodically and are checked by the Governing Body of the school

REVIEW

Created: January 2015

Reviewed: September 2019

Next review : September 2021



Form 1

**Moulton Chapel Primary School
Parental agreement for school to administer medicine**

The school will not give your child medicine unless you complete and sign this form, and the school has a policy that staff can administer medicine. If more than one medicine is to be given a separate form should be completed for each one.

Date	
Child's Name	
Class	
Name and strength of medicine	
Expiry date	
How much to give (i.e. dose to be given)	
When to be given	
Any other instructions	

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

Daytime phone number of parent or adult contact _____

Name and phone no. of GP _____

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school policy. I will inform the school 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: _____

Staff signed: _____

Seen by: _____

Mrs Sexton

FORM 2

**Moulton Chapel Primary School
Record of medicine administered to an individual child**



Name of Child	
Date medicine provided by parent	
Class	
Name and strength of medicine	
Dose and frequency of medicine	

Date		Date	
Time Given		Time Given	
Dose Given		Dose Given	
Staff Name		Staff Name	

Date		Date	
Time Given		Time Given	
Dose Given		Dose Given	
Staff Name		Staff Name	

Date		Date	
Time Given		Time Given	
Dose Given		Dose Given	
Staff Name		Staff Name	

Date		Date	
Time Given		Time Given	
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Time Given		Time Given	
Dose Given		Dose Given	
Staff Name		Staff Name	