

St. Michael's C.E. Primary School



Managing Medication in School
January 2023

Our Vision Statement

Journeying together with Christ

“Start children off on the way they should go, and even when they are old they will not turn from it.”

Proverbs 22:6

This is lived out in practice by our four Christian Values:

Love, Integrity, Creativity & Resilience

Love

John 13:34

“Jesus said ‘Love one another as I have loved you’”

We believe that we have been set the ultimate example of how to live our lives, by our God who is all loving.

Integrity

Hebrews 13:8

“Jesus is the same yesterday, today and tomorrow”

We understand a shared truth which was set out long ago but has not altered or veered, nor will it. This we can depend on and by emulating this, we too can live with integrity.

Creativity

Genesis 1:1

“God created the Heavens and the Earth”

Everything around us, and including us, was made by God and is therefore part of his glorious plan. From nothing, God created all we experience; therefore, we can draw hope that we too may see potential everywhere.

Resilience

Philippians 4:13

“I am able to do all things through Him who strengthens me.”

God promises to be by our side at all times, and especially in times of need. When we face challenges, having Him to support us gives us strength.

Policy Statement

St Michael's C of E Primary School is an inclusive community that welcomes and supports pupils with medical conditions.

We make sure that all our staff understand their duty of care to the children at all times, when dealing with medications and in the event of an emergency. The staff understand the importance of medication and care being taken as directed by healthcare professionals and parents.

The named member of staff responsible for the Medication in School Policy and its implementation is the Headteacher.

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

1. 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 day, e.g. where the dosage number/level dictates that administration is necessary within school hours – 4 or more times a day or a certain number of hours between each dose. Medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.
2. It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies, which enable them to be taken outside school hours. Parents are to be encouraged to ask the Prescriber about this.
3. As a general rule, school should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist. In the case of non-prescribed medication, parents should always be asked to come into school to administer if possible. If this is not practicable (parents work/no other family member available), then the parent should always complete the Request to Administer Medication form in particular the section stating that:
 - a. Their child has taken this medication before and had no allergic reaction and
 - b. They take full responsibility for the school administering the medication based on the dose stated, with no liability to the school.
4. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration. **School should never accept medicines that have been taken out of the container as originally dispensed and should not make changes to dosages on parental instructions.**

NOTE: It is important that schools take a sensible approach regarding non-prescribed medicines. It has to be manageable, practicable and safe.

Roles and responsibilities of staff managing administration of medicines, and for administering or supervising the administration of medicines

- 1. Confidentiality** – The Headteacher and staff will always treat medical information confidentially. The Headteacher will agree with the parent/carer who else should have access to records and other information about a child. **If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.**
- 2. Parents' consent** - No child under 16 should be given medicines without their parent's written consent. This includes throat sweets, Calpol, anti-histamine medication
- 3. Administering medicines** - If in doubt about any procedure, staff should not administer the medicines but check with parents or a health professional before taking action.
- 4.** Staff will have access to protective disposable gloves and take care when dealing with spillages of blood or other bodily fluids and disposing of dressings or equipment.
- 5. Record keeping** - Written records must be kept each time any medicines are administered to children. This includes the usage of all types of asthma inhalers.

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

- 6.** 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:
 - i. Name of child
 - ii. Name of medicine
 - iii. Dose
 - iv. Method of administration
 - v. Time/frequency of administration
 - vi. Any side effects
 - vii. Expiry date
- 7. Children Refusing to take their medicine** - If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures – refer to individual child's health care plan and inform parents. In the case of emergency medical advice should be sought by calling 111, parents should be contacted and staff should administer the medication as per the medical advice in the best interests of the pupil.

8. Self-Management – the school policy for children’s self-management of medication covers asthma inhalers. All other medication will be governed through the Medical Lead Practitioner / Health & Safety Lead. Where children have been prescribed such controlled drugs, staff need to be aware that these should be kept in safe custody at all times. However, children should access them for self-medication if it is agreed that it is appropriate.

9. FORMS – The following forms are to be used appropriately. Compliance is essential, as procedures need to be followed by staff and parents, and records need to be held by the school:

Form 1 – Health Care Plan – A Health Care Plan form is to be completed for any child diagnosed with a medical condition that the school needs to be aware of and/or is required to administer long term medication. Responsibility of the welfare Medical Lead Practitioner / Health & Safety Lead / SENCO.

Form 2 – Parental Request for School to administer medicines – This form should be given to parents to record detail of medicines to be administered. Nominated staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container. This includes parents’ consent and any associated liability regarding administration of non-prescribed medicines.

Form 3 – Record of medicine administered to an individual child – Form detailing clear instructions for administering medicine to a child. The form will be used to keep a written record of all medicines administered to children.

Form 4 – Staff Training Record – administration of medicines – a school record of all staff training undertaken.

10.Sporting Activities – Most children with medical conditions can participate in physical activities. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. Any restrictions on a child’s ability to participate in P.E. should be recorded in their individual Health Care Plan. All adults should be aware of issues of privacy and dignity for children with particular needs. It is important that a copy of Health Care Plans should be available to relevant staff with regard to sporting activities, P.E etc. Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

11.Supply Staff – Will have necessary information available to them as part of their school/classroom induction paperwork.

Parental responsibilities in respect of their child's medical needs

1. Parents, who have parental responsibility or any person who is involved in the full-time care of a child on a settled basis, such as foster parent, but excludes baby sitters, child minders, nannies and school staff.
2. It only requires one parent to agree to or request that medicines are administered.
3. Parents will be given the opportunity to provide the Head teacher with sufficient information about their child's medical needs if treatment or special care is needed. They should jointly reach an agreement on the school's role in supporting their child's medical needs. Sharing information is important if staff and parents are to ensure the best care for a child.
4. Managing Medicines in School is read in conjunction with the school's Health, Safety and Welfare Policy and Medicine and Supporting Children with Medical Conditions Policy.

Children carrying and taking their medicines themselves

1. It is the policy of this school that ALL medicines requiring administration during school time will only be held at the main school office, after completion of the necessary paperwork. NO other medication will be held by a child for self-administration with the exception of asthma inhalers and adrenaline pens.
2. Staff will make sure that inhalers are stored in a safe but readily accessible place, and clearly marked with the child's name. Children who are old enough to self-administer will do so, whereas some support might be needed for younger or those less independent.
3. Inhalers will always be available during physical education, sports activities, swimming and educational visits.

Circumstances in which children may take non-prescription medicines

Children must not bring medication to school unless an agreement has been made between parents and school (cough sweets etc. are not permitted) without our knowledge as they pose a potential choking hazard which staff working with them need to be aware of, in these cases once an agreement has been made between school and parents, we would insist that the children inform their teacher or asks for one of these before taking one so that the staff are aware the point of need.

Managing prescription medicines on trips and outings

- 1.** A review and assessment of health care plans for any children with medical needs shall be undertaken prior to any planned trip or outing. It is the responsibility of the trip organiser to liaise with the Medical Lead Practitioner / Health & Safety Lead to enable them to consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This might include reviewing and revising the visits policy undertaking a risk assessment for such children. It may be necessary for an additional supervisor or a parent to accompany a particular child. Arrangements for taking any necessary medicines will also be taken into consideration.
- 2.** Staff supervising excursions should always be aware of any medical needs and relevant emergency procedures.
- 3.** A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

Emergency procedures

- 1.** The school's Health, Safety and Wellbeing and First Aid policies provides details of procedures to follow in the case of an emergency.
- 2.** Other children should know what to do in the event of an emergency, such as tell another member of staff/adult.
- 3.** In the absence of the parent/carer, a member of staff should always accompany a child taken to hospital by ambulance and should stay until the parent arrives.
- 4.** An ambulance should always be called but if the operator recommends that the child attends hospital but is unable to send an ambulance, two adults should travel with the child. A member of staff may accompany the parent or if the parent is not available two members of staff should accompany the child.
- 5.** Individual Health Care Plans should include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency, for example if there is an incident in the playground a lunchtime supervisor needs to be very clear of their role.

School policy on assisting children with long term or complex medical need

Children with long term medical needs have the same rights of admission to school as other children. An individual Health Care Plan will help staff identify the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk. Please see the Medicine and Supporting Children with Medical needs Policy for more information.

Trained members of staff – normally the Medical Lead Practitioner / Health & Safety Lead, together with the child's parents, will always draw up Health Care Plans. If there is any doubt as to whether the school is qualified to undertake long- term medical assistance, advice from professionals should first be sought. The Headteacher will make the final decision on individual cases when deciding whether the school is able to assist children with long-term or complex medical needs.

Staff training in dealing with medical needs

1. The school is responsible for making sure that the relevant staff have appropriate training to support children with medical needs.
2. The school is responsible for making sure that there are appropriate systems in place for sharing information about children's medical needs. Information such as Health Care Plans and Allergy Notices must be kept up to date at all times. It is vital that any information is shared with the child's teacher and also the Catering Manager.
3. If in any doubt, the school nurse team are available to help draw up any individual Health Care Plan. This can be arranged through the Medical Lead Practitioner

Safe storage of medicines

1. Medicines can only be accepted in the original container in which dispensed.
2. Medicines are to be stored strictly in accordance with product instructions (paying particular note to temperature).
3. Staff must 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.
4. Children should know where their own medicines are stored, and where to go (the office) to access medicine this is to be administered at set times in the day.
5. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away.
6. All medicines which need to be refrigerated must be kept in the medical refrigerator and locked at all times and medicines administered in the Medical Room,

Disposal of medicines

1. Staff should not dispose of any medicines.
2. Parents are responsible for ensuring that date-expired medicines are returned to the pharmacy for safe disposal.
3. Parents are to collect prescribed medicines at the end of each day, where they will sign to acknowledge that doses have been given.
4. Parents are to collect their child's medication at the end of each term i.e. asthma inhalers and adrenaline pens, making certain they are returned promptly at the beginning of the following term.