

Wootton-By-Woodstock CE Primary School

Policy for Medicines

AIMS

Many children will need to take medicines during the day at some time during their time in school. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. Sometimes it may mean taking longer term medication such as asthma inhalers. This policy aims to clarify, for parents, staff and children, the principles, systems and procedures for administering medicines in school. By adopting a clear policy for safe administration of medicines we aim to maximise school attendance, support parents in the care of their children, support the children themselves, and safeguard the staff.

MANAGING MEDICINES

Prescription medicines

In the first instance, parents are encouraged to ask the prescriber to, as far as clinically practicable, set the dosage of medicines to enable the parent to administer the medicines out of school time. Under the Medicines Standard of the National Framework for Children (NSF), (Department of Health 2004), parents may also ask the prescriber to provide two prescriptions; one for home and one for the school. This eliminates any need for re-writing, re-packaging, or re-labelling and therefore reduces the risk of error.

Medicines should only be brought into the school when essential; that is, when it would be detrimental to a child's health if the medicine were not administered during the school day. The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by the pharmacist and include the prescriber's instructions for administration. ***The school will not accept medicines that have been taken out of the original container or accept changes of dose on the instruction of parents.***

Non-Prescription Medicines

The school will not administer non-prescription medicines unless there is prior written permission from the parents.

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act. Some of these may be prescribed as medication for use by children. E.g. methylphenidate (Ritalin). When this occurs at Wootton, we will abide by the appropriate OCC policy guidance for the administration of that drug.

Some facts:

- Any member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.
- A child who has been prescribed a controlled drug may legally 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.
- Controlled drugs will be kept in a locked non-portable container and only named staff should have access. A record will be kept for audit and safety purposes.
- A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy).
- Misuse of a controlled drug, such as passing it to another child for use, is an offence.

LONG TERM MEDICAL NEEDS

The school needs to have sufficient information about the medical condition of any child with long-term medical needs. The school needs to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. A written health care plan for such children, involving the parents and relevant health professionals may be written in such cases. It will include:

- details of a child's condition
- special requirement e.g. dietary needs, pre-activity precautions
- and any side effects of the medicines
- what constitutes an emergency
- what action to take in an emergency
- what not to do in the event of an emergency
- who to contact in an emergency
- the role the staff can play

We will abide by the Policy for Children with Long Term Medical Needs.

ADMINISTERING MEDICINES

Self Management/Administration

The school will support and encourage children to take responsibility for managing their own medicines. This is particularly appropriate for those who need inhalers. Inhalers should be kept upon the child's person as far as practicable. A second inhaler should be kept in the school first aid kit as back-up. If children are able to take medicines themselves a member of staff need only to supervise. Parents will need to complete a parental consent form if this is the case. Where children have been prescribed controlled drugs these should be kept in safe custody whilst remaining accessible to children for self-medication purposes.

Parental Administration

Parents are welcome to come in to school to administer medicines to their children and should negotiate with the teacher beforehand about a sensible time for this to happen.

Safe Staff Management and Administration of Medicines to Children

There is no legal duty that requires school staff to administer medicines. Individual members of staff may agree to or decline this responsibility. When staff agree to administer medicines this will be to the best of their ability within the busy remit of the school day. Parents must remember that staff are human and therefore fallible!

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

Parental Responsibilities:

- Parents should always provide medicines 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
- 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.
- Parents will be asked to complete a form to record details of medicines in a standard format.
- Parents will be asked to complete a form to agree that a member of staff will administer medicine to their child.
- If a parent wishes another person such as a childminder/carer to administer medicines they should provide written instruction for this to happen.
- Parents *must* let the school know when the medical needs for their child change.

Staff Responsibilities:

- Any member of staff giving medicines to a child should check:
 - the child's name
 - prescribed dose
 - expiry date
 - written instructions provided by the prescriber on the label or container
- 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.
- 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 the school nurse/appropriate practitioner
- School staff will complete and sign a written record each time they give medicine to a child. In some circumstances such as the administration of rectal diazepam, it is good practice to have the dosage and administration witnessed by a second adult. (In the case of Early Years parents will need to sign the record book to acknowledge the entries.)

Refusal

If a child refuses to take medicine, staff should not force them to do so, but will note this in the records and follow agreed procedures as set out in an individual child's health care plan. Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school or setting's emergency procedures should be followed.

Safe Storage

- All medicines for staff administration will be kept in the staff fridge/ first aid medicines cupboard in the staff room, unless clear alternative instructions are received.
- Inhalers will be kept by the child, with the parents consent, and a back up inhaler kept in the first aid packs. Each inhaler must be clearly labelled with the name of the child and the dose

Educational Visits

The school will need to consider what reasonable adjustments are needed to enable children with medical needs to participate fully and safely on visits. This may mean conducting risk assessments for such children. Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might

be needed to accompany a particular child.

Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency. If staff are concerned about whether they can 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. Medicines administered on short trips and residential visits will be managed following the same procedures as above.

Sporting Activities

There should be sufficient flexibility for all children to engage in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE 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. 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 as well as emergency procedures.

Agreed: September 2014

To be reviewed: September 2016

Person Responsible: V. Lucas