

# Weatherhead High School

## Managing Medicines in School Policy

This school is committed to reducing the barriers to sharing in school life and learning for all its pupils. This policy sets out the steps which the school will take to ensure full access to learning for all its children who have medical needs and are able to attend school.

- 1. Managing prescription medicines which need to be taken during the school day.**
  - 1.1. Parents/carers should provide full *written* 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.
  - 1.3. The school/setting will **not** accept medicines that have been taken out of the container as originally dispensed, nor make changes to prescribed dosages.
  - 1.4. The school should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. The school will inform parents of this policy.
  - 1.5. Some medicines prescribed for children (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act. Members of staff are authorised to administer a controlled drug, in accordance with the prescriber's instructions. A child may legally have a prescribed controlled drug 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.
  - 1.6. 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
  - 1.7. The school will refer to the DCSF 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.
- 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 DCSF guidance on planning educational visits.
- 2.3. 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.
- 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.
- 2.5. The school must cooperate with the Local Authority in fulfilling its responsibilities regarding home to school transport. (see above). This may include giving advice regarding a child's medical needs.

## **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/carers, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.
- 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 unless this is part of an individual Health Care Plan, involving specific prior written permission from the parents/carers. Where the Head teacher agrees to administer a non-prescribed medicine it **must** be in accordance with this policy. The school will inform parents of this policy.

- 3.6. National Guidance states: 'A child under 16 should **never** be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.' The school will inform parents of this policy.
- 3.7. Any controlled drugs which have been prescribed for a child must be kept in fixed locked cupboard in a secure location, except where pupils manage their own medication...
- 3.10 If a child refuses to take medicine, staff will not force them to do so. Staff should record the incident and follow agreed procedures (which should be set out in the policy or the child's Health Care Plan). Parents/carers 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.

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

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

- 4.1. It is the parents'/carers' responsibility to provide the headteacher with sufficient *written* 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.
- 4.3. The Head and staff should always treat medical information confidentially. The Head should agree, in writing, with the child where appropriate, or otherwise the parent/carer, who else should have access to records and other information about a child.
- 4.4. If parents/carers 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'/carers' responsibility to keep their children at home when they are acutely unwell.
- 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. (See forms 3A and 3B.)

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

Where there are long-term medical needs for a child, including administration of medicine a Health Care Plan should be completed, using Form 2, involving both parents/carers and relevant health professionals.

- 5.1 A Health Care Plan clarifies for staff, parents/carers and the child the help that can be provided. It is important for staff to be guided by the school nurse or the child's GP or paediatrician.
- 5.2 The school will agree with parents/carers 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.
- 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.
- 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.
- 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)
  - Form Tutor/Head of
  - Care assistant or support staff
  - Staff who are trained to administer medicines
  - Staff who are trained in emergency procedures
- 5.6 The school will consult the DCSF 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
- 5.7 Regarding epilepsy, some children may be prescribed rectal diazepam as a treatment for prolonged seizures. Staff involved must have received training from local health services. A written authorisation from the GP, Consultant or Epilepsy Specialist Nurse must have been received for each child, along with instructions for use. Form 9 may be used for this purpose. Two adults must be present for such treatment, at least one being of the same gender as the child. The dignity of the child must be protected as far as possible.

## **6. Off-site Education or Work Experience for Secondary School Pupils**

- 6.1 The school has responsibility for an overall risk assessment of any off-site activity, including issues such as travel to and from the placement and supervision during non-teaching time or breaks and lunch hours. This does not conflict with the

responsibility of the college or employer to undertake a risk assessment to identify significant risks and necessary control measures when pupils below the minimum school leaving age are on site.

- 6.2 The school will refer to the DCSF guidance Work Related Learning and the Law DCSF/0475/2004, the Health and Safety Executive and the Learning and Skills Council for programmes that they are funding e.g. Increased Flexibility Programme.
- 6.3 The school is also responsible for pupils with medical needs who, as part of Key Stage 4 provision, are educated off-site through another provider such as the voluntary sector, E2E training provider or further education college. The school will comply with LEA policy on the conduct of risk assessments before a young person is educated off-site or has work experience.
- 6.4 The school is responsible for ensuring that a work place provider has a health and safety policy which covers each individual student's needs.
- 6.5 Parents/carers and pupils must give their permission before relevant medical information is shared on a confidential basis with employers.

## **7 Policy on children carrying and taking their prescribed medicines themselves**

An example of this would be a child with asthma using an inhaler.

- 7.1 *It is good practice to support and encourage pupils, who are able, to take responsibility to manage their own medicines.* If such medicines are taken under supervision, this should be recorded.
- 7.2 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. Please refer to Form 7.
- 7.3 Where pupils have been prescribed controlled drugs, these must be kept in safe custody. Pupils could access them for self-medication if it was agreed that this was appropriate.

## **8 Staff support and training in dealing with medical needs**

- 8.1 The school will ensure that there are sufficient members of support staff who manage medicines. This will involve participation in appropriate training.
- 8.2 Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child **does so voluntarily** and 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.
- 8.3 **Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. Agreement to do so must be voluntary.**

- 8.4 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 will agree when and how such training takes place, in their capacity as a line manager. The head of the school will make sure that all staff and parents/carers are aware of the policy and procedures for dealing with medical needs.
- 8.5 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.
- 8.6 The child's parents/carers and health professionals should provide the information specified above.
- 8.7 All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.
- 8.8 Back up cover should be arranged for when the member of staff responsible is absent or unavailable.
- 8.9 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.

## **9 Record keeping**

- 9.1 Parents/carers 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. 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.
- 9.2 The school will use Form 3A to record short-term administration of medication. Consent forms should be delivered personally by the consenting parent/carer. 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.
- 9.3 The school will use Form 3B to record long-term administration of medication. Consent forms should be delivered personally by the consenting parent/carer. 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.
- 9.4 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.
- 9.5 Form 4 should be used to confirm, with the parents/carers, that a member of staff will administer medicine to their child.
- 9.6 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. Some schools keep a logbook for this. Forms 5 and 6 provide example record sheets. This school **will** keep a logbook of medicines given.

## **10. Safe storage of medicines**

- 10.1 The school will only store supervise and administer medicine that has been prescribed for an individual child.
- 10.2 Medicines will be stored strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed.
- 10.3 Staff will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, the method and frequency of administration, the time of administration, any side effects and the expiry date.
- 10.4 Where a child needs two or more prescribed medicines, each will be in a separate container.
- 10.5 Non-healthcare staff will never transfer medicines from their original containers.
- 10.6 Children will be informed where their own medicines are stored and who holds the key.
- 10.7 All emergency medicines, such as asthma inhalers and adrenaline pens, will be readily available to children and will not be locked away.
- 10.8 Schools may allow children to carry their own inhalers. This school will do so.
- 10.9 Other non-emergency medicines will be kept in a secure place not accessible to children.
- 10.10 A few medicines need to be refrigerated. They *can* be kept in a refrigerator containing food but *must* be in an airtight container and clearly labelled. There will be restricted access to a refrigerator holding medicines. It is acceptable for a staff room fridge to be used for storage, as long as medical items are clearly labelled.
- 10.11 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.

## **11. Disposal of Medicines**

- 11.1 Staff should not dispose of medicines. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. *Return of such medicines to parents should be documented.*
- 11.2 All medicines should be returned to the parent/carer when no longer required to arrange safe disposal (by returning to the unwanted supply to the local pharmacy).

If this is not possible , it should be returned to the dispensing pharmacist (details should be on the label). Under no circumstances should unused medication be handed over to pupils. Parents/carers should also collect medicines held at the end of each term. If parents/carers do not collect all medicines, they will be taken to a local pharmacy for safe disposal. *This process should be documented.*

- 11.3 Sharps boxes will always be used for the disposal of needles. Collection and disposal of the boxes will be arranged with the Local Authority.

## **12. Hygiene and Infection Control**

- 12.1 All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures
- 12.2 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. See CYPD's Policy and Guidance Document HS/ECS/058 Principles of Infection Control and Arrangements for Dealing with Bodily Fluids.
- 12.3 OfSTED guidance provides an extensive list of issues that early years providers should consider in making sure settings are hygienic.
- 12.4 The Education (School Premises) Regulations 1999 require every school to have a room appropriate and readily available for use for medical or dental examination and treatment and for the caring of sick or injured pupils. It **must** contain a washbasin and be reasonably near a water closet. It **must not** be teaching accommodation. If this room is used for other purposes as well as for medical accommodation, the body responsible **must** consider whether dual use is satisfactory or has unreasonable implications for its main purpose. The responsibility for providing these facilities in all maintained schools rests with the Local Authority.

## **13. Access to the school/setting's emergency procedures**

- 13.1 As part of general risk management processes the school/setting *must* have arrangements in place for dealing with emergency situations. [This could be part of the school's first aid policy and provision. See DCSF Guidance on First Aid for Schools: a good practice guide, 1998]
- 13.2 Other children should know what to do in the event of an emergency, such as telling a member of staff.
- 13.3 All staff should know how to call the emergency services. Guidance on calling an ambulance is provided in Form 1.
- 13.4 All staff should also know who is responsible for carrying out emergency procedures in the event of need.
- 13.5 Whenever possible a member of staff will always accompany a child taken to hospital by ambulance, and will stay until the parent arrives.

- 13.6 Health professionals are responsible for any decisions on medical treatment when parents/carers are not available.
- 13.7 Staff should avoid transporting children to hospital in their own car; it is safer to call an ambulance. Where this cannot be avoided, the school should ensure that an additional responsible adult is available to accompany them.
- 13.8 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.

## **14. Risk assessment and management procedures**

This policy will operate within the context of the school/setting's Health and Safety Policy.

- 14.1 The school will ensure that risks to the health of others are properly controlled.
- 14.2 The school will provide, where necessary, individual risk assessments for pupils or groups with medical needs.
- 14.3 The school will be aware of the health and safety issues relating to dangerous substances and infection.

## **15. Home to School Transport**

### **Local Authority's Transport Policy**

The authority recognizes that the journey to and from school, is a vital part of a child's day and sets out to maintain the co-operation of all those involved or linked with transport provision. This includes pupils, and students, their families, heads of schools, specialist teachers, school escorts, contractors and professional staff of this Department and other agencies such as the Health Service. Attention is also given to any special equipment and medical/physical needs a pupil or student has.

### ***Access to Information***

To ensure that the local authority is able to provide the appropriate support for pupils and students during their journey, parents/carers are required to complete the Local Authority's questionnaire providing details on medical/physical needs. This is accompanied by an information booklet produced by the LEA which highlights the importance of informing the Local Authority of any medical condition the child may have and where required details of treatment.

### **Pupils with Life Threatening Conditions**

Several pupils are accessing home/school transport and have potentially life-threatening conditions. In such cases:-

- Trained personnel from the school act as escort
- A carer is provided through the appropriate agency eg – Health Service

- A Risk Assessment is carried out where the condition although not life-threatening, may require supply of specific safety equipment and/or, a specific training need for the escort, planned seating arrangements, specific design in the route to reduce travelling time and potential risks.

### **Emergency Procedures**

- All drivers are required to carry a mobile phone/radio.
- It is specified in the Escort Guidance Booklet – where a child falls ill during the journey and where practicable, return to the home address, return to school and seek assistance, go directly to hospital and advise school, LEA and if possible parent(s).
- Training in Emergency First Aid is given to escorts.

The school will ensure that there is effective liaison with drivers and escorts providing home to school transport.

## Appendix 1

### Forms

- Form 1:** Contacting Emergency Services
- Form 2:** Health Care Plan
- Form 3A:** Parental agreement for school/setting to administer medicine (short-term)
- Form 3B:** Parental agreement for school/setting to administer medicine (long-term)
- Form 4:** Head teacher agreement to administer medicine
- Form 5:** Record of medicine administered to an individual child
- Form 6:** Record of medicines administered to all children
- Form 7:** Request for child to carry his/her own medicine
- Form 8:** Staff training record – administration of medicines
- Form 9:** Authorisation for the administration of rectal diazepam