

# Managing Medicines – St Mary’s School Policy

This policy is based on DfES guidance “Managing Medicines in Schools and Early Years Settings”, and covers:

## **1. procedures for managing prescription medicines which need to be taken during the school day**

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. St Mary’s 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 a pharmacist and include the prescriber’s instructions for administration. *St Mary’s will never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.*

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents will be encouraged to ask the 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, after school hours and at bedtime.

Nevertheless, 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. To allow children to do this will minimise the time that they need to be absent. However such medicines should only be taken to school where it would be detrimental to a child’s health if it were not administered during the school day.

### ***Controlled Drugs***

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medication for use by children, e.g. methylphenidate. Only qualified and designated First Aid 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.

St Mary’s First Aid staff will keep controlled drugs 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). If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

Misuse of a controlled drug, such as passing it to another child for use, is an offence, and falls within the school policies relating to disciplinary matters and illegal substances.

## **2. procedures for managing medicines on trips and outings**

School documentation relating to visits requires the trip leader to consider the medical needs of participating pupils, and to seek advice from parents where a medical issue might be relevant during the visit. The trip leader will be responsible for (or delegate a member of staff to be responsible for) first aid, though the level of medical training of that person will vary according to the scale, duration and destination of the visit, and any issues raised by the risk assessment. This person will be responsible for the safety and administration of prescription medicines (where applicable) and the first aid kit. A first aid kit will be taken on all visits. Non prescription medicines should be given to the trip's first aider, along with instructions for their administration and written parental consent – all in a named box.

## **3. statement on the roles and responsibility of staff**

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. All staff should be prepared to help pupils in medical need, but should only do so up to the extent of their training: for example, staff with only basic first aid training will usually request the assistance of school first aid staff (who have undertaken the four day training course). Staff should use protective disposable gloves – available from the Finance Office and Admin Support - and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

## **4. statement on parental responsibilities in respect of their child's medical needs**

Parents should provide full information about their child's medical needs, including details on medicines their child needs. Where parents fail to provide the information required in this policy, including that required for the school's medical form, the school will not administer medication.

## **5. the need for prior written agreement from parents for any medicines to be given to a child**

No child under 16 should be given medicines without their parent's written consent. The school medical form is available from the school office or via the school website. Any member of staff giving medicines to a child should check: the child's name, prescribed dose, expiry date, and any 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.

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records; 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.

## **6. the circumstances in which children may take any non-prescription medicines**

St Mary's will not administer non-prescription medicines at the request of parents. Where a non-prescribed medicine is inadvertently administered to a child, or a child administers medicine (e.g. paracetamol) themselves, it should be recorded and the parents informed.

If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP. **A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.**

## **7. the school or setting policy on assisting children with long-term or complex medical needs**

The school SENCO will identify children with long-term medical needs. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. Health care requirements will be incorporated in the child's Individual Education Plan (IEP) by the link LSA for the child, following consultation with the parents and (where appropriate) relevant health professionals. This may include: details of a child's condition, special requirements e.g. dietary needs, pre-activity precautions; any side effects of the medicines; what constitutes an emergency, who to contact, what action to take, and what not to do.

## **8. policy on children carrying and taking their medicines themselves**

Children will only carry emergency medication such as asthma inhalers and adrenaline pens with them; all other medicines must be stored in the First Aid room.

## **9. staff training in dealing with medical needs**

All First Aid staff participate in a course in first aid training from an accredited provider during the first term of their employment. They must work under the supervision of another accredited First Aider until this course has been completed. Currently St Mary's First Aid staff comprises the school secretary, finance staff, admin support staff, and PE teachers. All other staff are offered training in basic first aid every 3 years.

## **10. 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 and expiry date.

Staff will record details of medicines in a standard format. 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.

Staff to complete and sign a record each time they give medicine to a child. Good records help demonstrate that staff have exercised a duty of care, and provide proof that they have followed agreed procedures.

## **11. safe storage of medicines**

Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Staff should 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. This should be easy if medicines are only accepted in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions. Where a child needs two or more prescribed medicines, each should be in a separate container. Non-healthcare staff should never transfer medicines from their original containers.

Children should know where their own medicines are stored and who holds the key. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away. Other non-emergency medicines should generally be kept in a secure place not accessible to children. A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labelled. There should be restricted access to a refrigerator holding medicines.

### ***Disposal of Medicines***

Parents should collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken by a member of staff to a local pharmacy for safe disposal at the end of each academic year.

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.

## **12. access to the school's emergency procedures**

All children should know what to do in the event of an emergency, such as telling a member of staff. All staff should know how to call the emergency services. All staff should also 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. 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.

## **13. risk assessment and management procedures**

All qualifying medical incidents are recorded in the school's accident book. Risk assessments are included in the planning of school visits. They are also undertaken in relation to the school site by premises staff and subject leaders on an annual basis. Pupils are able to raise medical issues via the school council. The school nurse provided by the local Primary Care Trust follows a schedule of visits each year. The school's health & safety committee meets four times a year, and its minutes are reviewed by the governing body's premises committee. The same committee reviews this policy every three years.

**Date of policy: September 2009**

**Date of next review: September 2012**

**Responsible Gvr Committee: Premises**