



Managing Medicines in School 2022

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 that the school will take to ensure full access to learning for all its children who have medical needs and are able to attend school.

N.B. Paragraph numbers refer to the DCSF publication '*Managing Medicines in Schools and Early Years Settings*'. This document has also followed guidance in 'Supporting Pupils at School with Medical Conditions'.

Key points

- Pupils at school with medical conditions should be properly supported so that they have full access to education, including school trips and physical education.
- Governing bodies must ensure that arrangements are in place in schools to support pupils at school with medical conditions.
- Governing bodies should ensure that school leaders consult health and social care professionals, pupils and parents to ensure that the needs of children with medical conditions are properly understood and effectively supported.

These are the over-riding principles that this policy aims to map out, in order that parents feel confident in the school to manage their child's medical condition, ensuring that their child feels safe in school.

1. Managing prescription medicines that need to be taken during the school day.

- 1.1 Parents/carers should provide full *written* information about their child's medical needs and be proactive in updating the school if things change.
- 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. Wherever possible, medication should be given at home.

Paragraph 37

- 1.3 The school will **not** accept medicines that have been taken out of the container as originally dispensed, nor make changes to prescribed dosages.

Paragraph 26

- 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.

Paragraph 25

- 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. 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 should NOT be brought into school by a child. Parents need to hand over medication themselves. School staff will count and record tablets handed in on Medical Tracker.

- 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
- How the medication should be stored

Paragraph 51

- 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. For residential trips, school may work with parents to complete a Residential Health Care Plan.

Paragraph 56

- 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.

Paragraph 58

- 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. *Paragraph 60*

- 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.

Paragraph 61

- 2.5 The school must co-operate 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.

Paragraph 64

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 has a number of staff who are designated and have consented to administering medication in school. We feel that the most appropriate person to administer medication is the staff member who knows the child best. For some children, taking their medication can be difficult, and reassurance and encouragement is needed for them to manage this. Prescribed medication is allocated in the school office, into the children's named cups and is kept here, until it is time to administer it. This is done by a trained Teaching Assistant. The child's teacher or Teaching Assistant will collect the medication and take it to the 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. Criteria in the national standards for under 8's day care make it clear that non-prescription medicines should not normally be administered. Where a non-prescribed medicine is administered to a child it should be recorded on a Health Care Plan. If a child suffers from frequent or acute pain the parents/carers should be encouraged to refer the matter to the child's GP.
- 3.7. National Guidance states: 'A child under 16 should **never** be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.' The school/setting will inform parents of this policy. (*Paragraph 35*)
- 3.8. Any controlled drugs which have been prescribed for a child must be kept in fixed locked cupboard in a secure location.

- 3.9. 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 normal emergency procedures will be followed.

(Paragraph 49).

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.

N.B. *The DCSF guidance document gives a full description of roles and responsibilities Paragraphs 66 to 102.*

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. This may be recorded in a child's Health Care Plan.
- 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. Paragraph 83
- 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 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 specimen 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 or other Health Care professionals, e.g. the GP.

- 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. *Paragraph 119*

- 5.3 The school/setting 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. *Paragraph 120*

- 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. *Paragraph 121*

- 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/SENCo
- Parent or carer
- Child (if appropriate)
- Early Years Practitioner/Class Teacher - Primary schools/Form Tutor/Head of Year - secondary schools
- Care assistant or support staff
- Staff who are trained to administer medicines
- Staff who are trained in emergency procedures *Paragraph 122*

- 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 *Paragraphs 131 - 193*

- 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 Policy on children carrying and taking their prescribed medicines themselves

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

Children at Greenleas do not currently carry their own medication as we feel it is important to closely monitor and record all medication taken.

However - parent applications in writing for their child to carry their own medication would be considered on a case by case basis.

7 Staff support and training in dealing with medical needs

- 7.1 The school will ensure that there are sufficient members of support staff who manage medicines. This will involve participation in appropriate training.
- 7.2 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.
- 7.3 **Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. Agreement to do so must be voluntary.**
- 7.4 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 of a setting 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. (Paragraph 83)
- 7.5 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. Where applicable, a copy of the child's Health Care Plan will be shared with them.
- 7.6 The child's parents/carers and health professionals should provide the information specified above.
- 7.7 All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.
- 7.8 Back up cover should be arranged for when the member of staff responsible is absent or unavailable. Where possible, children with complex health needs should be supported by our own staff, rather than by supply cover.
- 7.9 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.
- 7.10 A First Aid Training certificate does not constitute adequate training for supporting children with long term or complex health conditions. At Greenleas we offer two types of training:

A. Whole school awareness training eg asthma, anaphylaxis and the administration of an adrenaline pen.

B. Bespoke training around an individual's health needs eg diabetic nurse training staff how to support a child's diabetes.

8 Record keeping

8.1 Parents/carers should tell the school 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. *Paragraph 50*

8.2 The school will use Medical Tracker to record short-term administration of medication eg antibiotics.

The Medical Tracker system will be used to record the administration of medication or inhalers. 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.

8.3 The school will use Medical Tracker to record the administration of non-prescribed drugs, in line with a child's Health Care Plan. Eg Calpol. 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. Where pain relief medication is given in school (eg Calpol) as part of a child's Health Care Plan, staff should be extremely careful not to exceed maximum doses. They should know when the last dose was given and always alert parents of the time and dose given in school.

8.4 It is the parent/carer's responsibility to monitor when further supplies of medication are needed in the school. It is not the school's responsibility. Parents should also check use by dates on medication, replacing them in good time. Expiry dates of epi pens should be recorded in the school diary, in order to remind parents to bring in a new one.

8.5 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. At Greenleas, we will use Medical Tracker to record when children take medication or their inhalers.

If children are requiring their preventative (blue) inhaler several times during the school day, then parent should be contacted to discuss this, and advised to discuss this further with the child's asthma nurse or GP. *Paragraph 55*

9 Safe storage of medicines

- 9.1 The school/setting will only store, supervise and administer medicines that have been prescribed for an individual child.
- 9.2 Medicines will be stored strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed. There is a fridge in the staff room.
- 9.3 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.
- 9.4 Where a child needs two or more prescribed medicines, each will be in a separate container.
- 9.5 Non-healthcare staff will never transfer medicines from their original containers.
Paragraph 107
- 9.6 Where applicable, children will be informed where their own medicines are stored and who holds the key.
- 9.7 All emergency medicines, such as asthma inhalers and adrenaline pens, will be readily available to children and will not be locked away. They are kept in the child's classroom, in a labelled box.
- 9.8 Schools may allow children to carry their own inhalers. This school will not usually do so.
- 9.9 Other non-emergency medicines will be kept in a secure place not accessible to children.
Paragraph 108
- 9.10 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.
Paragraph 109
- 9.11 Access to Medicines - Children need to have immediate access to their medicines when required. The school/setting 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.
Paragraph 111

10. Disposal of Medicines

- 10.1 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.*

10.2 All medicines should be returned to the parent/carer when no longer required in order 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.*

Paragraph 112

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

Paragraph 113

11. Hygiene and Infection Control

11.1 All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures

11.2 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.

11.3 Yellow bins - these should be used for the disposal of soiled sanitary wear.

12. Access to the school/setting's emergency procedures

12.1 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]

12.2 Other children should know what to do in the event of an emergency, such as telling a member of staff.

12.3 All staff should know how to call the emergency services. Guidance on calling an ambulance is provided in Form 1.

12.4 All staff should also know who is responsible for carrying out emergency procedures in the event of need. There is a list of first aiders attached to this policy.

12.5 Whenever possible a member of staff will always accompany a child taken to hospital by ambulance, and will stay until the parent arrives.

12.6 Health professionals are responsible for any decisions on medical treatment when parents/carers are not available.

Paragraph 115

12.7 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.

Paragraph 116

12.8 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.

Paragraph 117

13. Risk assessment and management procedures

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

13.1 The school/setting will ensure that risks to the health of others are properly controlled.

13.2 The school/setting will provide, where necessary, individual risk assessments for pupils or groups with medical needs.

13.3 The school/setting will be aware of the health and safety issues relating to dangerous substances and infection.

14. 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:	Headteacher/Head of setting 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

All forms set out below are examples that schools and settings may wish to use or adapt according to their particular policies on administering medicines.

These forms are available on our website:

<http://www.wirral-mbc.gov.uk/HealthandSafety/index.asp>

Management of Medicines in Schools and Early Years Settings Checklist

Checklist		Yes	No	Details
1.	Does the school have a written policy for administration of medicines in school?			Give date, location
2.	Has the school nominated responsible persons to administer medicines?			List nominated staff
3.	Is there a clear statement on the roles and responsibility of staff managing administration of medicines, and for administering and supervising the administration?			Location - extract issued to nominated staff
4.	Have nominated staff received appropriate information, instruction and training on the school's policy and procedures			List staff, date and training provider (parent, school nurse, other)
5.	Does the school have procedures for managing medicines on trips and outings			Risk assessments, consent forms, etc
6.	Has the school received a written agreement from parents for any medicines to be given to a child			Forms 3a (short term) or 3b (long term)
7.	Has the school confirmed, in writing, that they agree to administer medicines			Form 4
8.	Is there guidance for children carrying and taking their medicines themselves			Specify
9.	Does the school maintain records for the administration of medicines			Form 5
10. D	Do staff have access to the school's emergency procedures			Form 1
11.	Is a health care plan required for the individual			Form 2

Medicines Checklist

1.	Does the school have appropriate storage facilities taking into account temperature and security			Specify
2.	Is the medicine in the original container			
3.	Is the container clearly labelled with the name of the child, the name and dose of the medicine, the frequency of administration, the time of administration, any side effects and the expiry date			

4.	Are emergency medicines, such as asthma inhalers and adrenaline pens readily available			
5.	Does the school allow children to carry their own inhalers			

FORM 1

Contacting Emergency Services

Request for an Ambulance

Dial (9) 999, ask for ambulance and be ready with the following information

1. Your telephone number

0151 - 639 1225

- 2 Give your location as follows

Greenleas Primary School, Green Lane, Wallasey, Wirral

- 3 State that the postcode is

CH45 8LZ

- 4 Give exact location in the school/setting

E.G Office/Classroom/Playground

- 5 Give your name

- 6 Give name of child and a brief description of child's symptoms

- 7 Give details of any medicines given or prescribed

- 8 Inform Ambulance Control of the best entrance and state that the crew will be met and taken to

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by the telephone



Trained First Aid Staff

Name	Department
Equivalent to 3 day First Aid at Work <i>If second opinion needed or a serious incident please ask one of these First Aiders for assistance.</i>	
Louise Ellett	KS1
Andrea Mastora	KS2
	Office
Equivalent to 2 day EYFS Paediatric First Aid	
Sarah Hampson	F2
Karon Laing	F2
Jackie Connor	KS1
Jayne Cecchini	KS2/F2
Equivalent to 1 day Emergency Paediatric First Aid	
Sarah Holmes	KS1
Lisa Madden	KS1
Equivalent to 1 day Emergency First Aid at Work	
Rose Pickthall	KS2
Jackie Wilkinson	KS2
Michelle Hesketh	