



# MEDICINES POLICY

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# Medicines Policy

## *Introducing a Policy*

A clear policy, understood and accepted by staff, parents and children provides a basis for ensuring that children with medical needs receive proper care and support in a school or setting. Policies should be developed in consultation with heads and with governing bodies or management groups. All policies should be reviewed and updated on a regular basis. Formal systems and procedures for administering medicines, developed in partnership with parents and staff, should back up the policy. A policy needs to be clear to all staff, parents and children and should cover:

- procedures for managing prescription medicines which need to be taken during the school or setting 'day'
- procedures for managing prescription medicines on trips
- a clear statement on the roles and responsibilities of staff managing administration of medicines and for administering or supervising the administration of medicines
- a clear statement on parental responsibilities in respect of their child's needs
- the need for prior written agreement from parents for any medicines to be given to a child
- the circumstances in which children may take non-prescription medicines
- academy policy on assisting children with long term or complex medical needs
- policy on children carrying and taking their medicines themselves
- staff training in managing medicines safely and supporting an identified individual child
- record keeping
- safe storage of medicines
- access to the academy's emergency procedures
- risk assessment and management procedures

## *Prescribed Medicines*

Medicines should only be taken to school/settings when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school 'day'.

Schools should 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 and dosage.

**Schools/settings should never accept medicines that have been taken out of the container as originally dispensed, nor make changes to dosages on parental instructions.**

## *Controlled Drugs*

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act. Some may be prescribed as medicine for use by children, e.g. methylphenidate (brand name Ritalin).

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 and this guidance document.

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.

Schools/settings should keep controlled drugs in a locked non-portable container and only named staff should have access. (Kept In a locked safe in the pastoral room). A record should be kept for audit and safety purposes. (Record sheets kept on the front of the locked cabinet.

A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal. If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

## *Non-Prescription Medicines*

Staff should never give a non-prescribed medicine to a child unless there is specific prior written permission from the parents.

In general, non-prescription medicines should not normally be administered. However, examples may include analgesics (pain relief), milk of magnesia tablets or liquid, creams and sprays etc. (medicines requiring refrigeration to be kept in a locked fridge in the first aid room, all other medications to be kept in a locked safe in the pastoral room.)

Where a non-prescribed medicine is administered to a child it must be recorded on a **'Record of Medicine Administered to an Individual Child'** and the parents informed. If a child suffers regularly from 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.**

## *Short-Term Medical Needs*

Many children will need to take medicines during the day at some time during their time in a school/setting. This will usually be for a short period only, e.g. to finish a course of antibiotics.

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/setting where it would be detrimental to a child's health if it were not administered during the day.

### ***Long-Term Medical Needs***

It is important to have sufficient information about the medical condition of any child with long-term medical needs. Schools/settings need 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 regularly special arrangements may also be necessary.

A written health care plan for such children involving the parents and relevant health professionals should be put in place (eg Nut Allergies – Epi-Pen\* staff trained). This can include: details of a child's condition

special requirements, 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

### ***Administering Medicines***

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

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 relevant health professional. Staff will complete and sign **'Record of Medicine Administered to an Individual Child'** each time they give medicine to a child.(located on the front of the medicines fridge and in Pastoral room with medicine safe) 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.

***Self-Management*** (\*Not used - Individual circumstances will be discussed if required) It is good practice to support and encourage children, who are able, to take responsibility to manage their own medicines from a relatively early age. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and Medicines Policy rev Jan 2023

so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

If children can take their medicines themselves, staff may only need to supervise. The policy should say whether children may carry, and administer (where appropriate), their own medicines, bearing in mind the safety of other children and medical advice from the prescriber regarding the individual child. A parental consent form will be used in these circumstances.

Where children have been prescribed controlled drugs, staff need to be aware that these should be kept safely in a locked non-portable container. However children could access them for self-medication if it is agreed that it is appropriate.

### *Refusing Medicines*

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. The procedures may either be set out in the policy or in the child's health care plan. Parents should be informed of the refusal on the same day.

### *Record Keeping*

Parents should tell the academy 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. 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 be given – **Parental/Headteacher Agreement for School/Setting to Administer Medicine** to record details of medicines in a standard format. This form confirms, with the parents, that a member of staff will administer medicine to their child.

Schools/settings must keep records of medicines given to pupils, and the staff involved. Records offer protection to staff and proof that they have followed agreed procedures. **Record of Medicine Administered to an Individual Child** must be used.

### *Educational Visits*

It is good practice for schools to encourage children with medical needs to participate in safely managed visits. Schools should 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 and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It might also include 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 visits should always be aware of any medical needs and relevant emergency procedures. Copies of 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. See also **Educational Visits and Journeys Guidance on young people with special educational needs**.

### *Sporting Activities*

Most children with medical conditions can participate in physical activities and extracurricular sport. 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 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 and emergency procedures.

### *Home to School Transport*

Where pupils have life threatening conditions, specific health care plans should be carried on vehicles. Individual transport health care plans will need input from parents and the responsible medical practitioner for the pupil concerned. The care plans should specify the steps to be taken to support the normal care of the pupil as well as the appropriate responses to emergency situations.

It is known that schools do not always make health care plans available to the Passenger Transport Unit (PTU). *Schools should make every effort to provide health care plans and other relevant information to the PTU so that risks to pupils are minimised during home to school transport.*

All drivers and escorts should have basic first aid training. Additionally trained escorts may be required to support some pupils with complex medical needs. These can be healthcare professionals or escorts trained by them.

Some pupils are at risk of severe allergic reactions. Risks can be minimised by not allowing anyone to eat on vehicles. All escorts should also be trained in the use of an adrenaline pen for emergencies where appropriate.