

# Lord Deramore's Primary School

## POLICY FOR THE ADMINISTRATION OF MEDICINES

### INTRODUCTION

Lord Deramore's Primary School is committed to reducing the barriers to participation in activities and learning experiences for all children. This policy sets out the steps which the school will take to ensure full access to learning for all children who have medical needs and are able to attend. The policy reflects the City of York Local Authority guidance (Jan 2009) Managing Medicines in York Schools, Early Years and Out of School settings.

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'.

The Headteacher will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day, where those members of staff have volunteered to do so. There is no legal duty which requires school staff to administer medication; this is purely a voluntary role. If staff follow documented procedures, they are fully covered by their employer's public liability insurance. The Headteacher is responsible for the organisation of volunteers in administering these medicines.

The school will ensure that staff receive proper support and training where necessary. The Headteacher will agree when and how such training takes place, in their capacity as a line manager. The school will access support and training via the agreed City of York pathways outlined in

**Appendix A** of City of York Local Authority guidance (Jan 2009) Managing Medicines in York Schools, Early Years and Out of School settings..

All practices and procedures referred to in this document reflect the collaborative agreement reached between City of York Council Learning, Culture and Children's Services, York Hospitals Foundation Trust, North Yorkshire and York Primary Care Trust, Teaching Unions and UNISON. The policy is based on the DfES 2005 (now DCFS) publication 'Managing Medicines in Schools and Early Years Settings,' updated in November 2007.

This policy is available on request or on the school website.

This policy has been agreed by (the Governors) and is reviewed annually.

signed ..... (Chair of Governors) .....(Headteacher/Manager)

date            September 2011

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### 1. Prescribed Medicines

Medicines should only be brought into the school when essential. Where possible, parents/carers are encouraged to ask doctors to prescribe medication in dose frequencies which can be taken outside school hours.

It is the responsibility of parents/carers to supply written information about the medication their child needs to take in school. Staff should check that any details provided by parents/carers are consistent with instructions on the container or on the consent form.

Medicines will not be accepted anywhere in school without prior agreement of the Headteacher. Complete written and signed instructions from parent/carer are required **(Form 3 and 4)**.

**Medicines must always be provided in the original container as dispensed by a pharmacist and handed directly to the Headteacher or to a nominated person authorised by the Headteacher. Each item of medication must include the prescriber's instructions for administration. Medicines that have been taken out of the container as originally dispensed will not be accepted. Parental requests for changes to dosages will not be actioned without receiving a new supply which is correctly labelled or a written request from the doctor. This will require an amendment to Form 3.**

Parents/carers or the child's doctor should provide the following details as a minimum:

- Name of child
- Name and strength of medication
- Dosage
- Time, frequency and method of administration
- Length of treatment
- Date of issue
- Expiry date
- Possible side-effects
- Storage details
- Other treatment

Surplus or out-of-date medication will be returned to parent/carers for safe disposal.

### 2. Controlled Drugs

The school agrees in principle to the administration of controlled drugs (eg methylphenidate), provided that the correct procedures are followed, as outlined in this policy and in accordance with the Misuse of Drugs Act.

The controlled drug will be kept in a locked non-portable container and only named staff will have access to it. A record will be kept for audit and safety purposes, as for other medication.

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Misuse of a controlled drug, such as passing it to another child for use, is an offence. If this occurs the school will inform parents and, where necessary, the police.

### 3. Non-prescribed Medicines

**The school discourages the use of non-prescribed medication and will not give non-prescription over the counter medicines.**

Aspirin and aspirin containing preparations must not be given to pupils under the age of 16 unless it is on the prescription of a doctor.

### 4. Self-Management/Administration

The school encourages children, where appropriate, to manage their own medication, under the supervision or with the knowledge of staff and following procedures laid out in their individual health care plan. This may include carrying their medication securely on their person, or collecting it from a lockable facility. The safety of other pupils will always be considered (**Form 7**).

Parents/carers will be asked to confirm in writing if they wish their child to carry their medication with them in school.

#### Early years settings, Early years and Foundation Stage, Key Stage 1

Asthma inhalers will be kept within the classroom, in a designated container which is recognised by all staff (clear red cross labels) and the children concerned. A designated member of staff will take this container to other locations in the building when children move between areas.

#### Key Stage 2

Children are encouraged to take responsibility for / carry their own asthma inhalers, as appropriate.

### 5. Short Term Medical Needs

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. In certain circumstances, eg completing a course of antibiotics, parents may apply to the Headteacher using **Form 3**.

### 6. Long Term Medical Needs / Individual Health Care Plan

Where there are long-term medical needs requiring medication, an Individual Health Care Plan will be completed, using **Form 2**. The school will involve parents and other relevant parties such as:

- Headteacher or head of setting
- Child (if appropriate)
- Class Teacher/Form Tutor/Head of Year
- Staff who are nominated to administer medicines
- Staff who are trained in emergency procedures

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- Specialist teacher for Physical Disability/Medical needs
- Health professionals (when appropriate and in line with local agreement).

In the case of long term medication, the school will agree with parents/carers how often they should jointly review the individual health care plan. This will be at least once a year, or when circumstances change.

In exceptional and/or complex cases, Emergency Treatment Plans will be initiated and written by health care professionals, then shared with schools and settings. The 'named' health professional will be contacted if an Emergency Treatment Plan has been actioned so that appropriate de-briefing can occur.

If there are any special religious and/or cultural beliefs which may affect any medical care that the child needs, particularly in the event of an emergency, this will be included in the individual health care plan (**Form 2**).

### 7. Dealing with medicines safely

#### Storage

The school will ensure that all emergency medicines such as asthma inhalers and adrenaline pens are readily available to children and not locked away. Whenever possible, children are encouraged to take responsibility for / carry their own inhalers, as appropriate.

Medicines are stored strictly in accordance with the product instructions (paying particular note to temperature) and in the original container in which it was dispensed. Medicines which need to be refrigerated are kept in a refrigerator in the staff room.

(NB Cupboards should be well constructed and lockable and should generally be in a room not accessible to children. Medicines can be stored in a refrigerator containing food provided they are in an airtight container and clearly labeled. There should be restricted access to a refrigerator storing medicines.)

Children are told where their own medicines are stored and who holds the key.

Staff should be aware of the implications for safe storage of their own medicines.

#### 7.2 Administration of Medicines

No child under 16 can be given medication by staff employed by the school or setting, without their parent/carer's written consent.

Staff giving medicines will routinely check

1. the child's name
2. prescribed dose
3. expiry date
4. written instructions provided by the prescriber.

#### 7.3 Record Keeping

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The school will keep a record of medicines given to children and the staff involved. This is a legal requirement for early years settings. **(Forms 5 & 6)** This will also apply to off-site activities eg residential trips etc.

A record will be kept of all medicines received, including quantity, even if they are not subsequently administered.

### 7.4 Refusing Medication

If a child refuses their medication, school staff will not force them to take it but will note it in the records. The school will provide parents/carers with details of when medication has been refused or has not been administered for any other reason, on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures will be followed.

### 8. Sporting Activities

The school will ensure staff are aware if a child requires medication as a precautionary measure before taking part in PE or other physical activity, along with any emergency procedures. Inhalers will routinely be taken to PE or other physical activity. Risk assessments will be carried out if considered necessary.

If a child wears a MedicAlert® (eg a bracelet or necklace to alert others to a specific medical condition in case of an emergency) it may be necessary to consider removing it temporarily in certain circumstances, if there is a risk that it could cause injury in games or practical activities. If temporary removal is agreed in the health care plan, staff will be aware of the significance of the MedicAlert® and will keep it safe.

### 9. Educational Visits

The school is aware of its responsibilities under the Disability Discrimination Act and will make every effort to continue the administration of medication to a child whilst on trips away from the school premises, even if additional arrangements are required.

Appropriate risk-assessments will be undertaken and agreed with the parent/carer. Arrangements for taking any necessary medicines will be considered. Staff will be made aware of children's medical needs, procedures for the administration of medication and relevant emergency procedures.

Concerns about a child's safety or the safety of others will be discussed with parents/carers and advice sought from the health visitor, school nurse or the child's GP.

#### 9.1 Journeys abroad and exchange visits

If children are involved in journeys abroad, arrangements will be made to ensure that all receiving parties have a clear understanding of the child's medical needs. In some circumstances it may be necessary to provide translated documentation.

### 10. Home/school transport

If supervision is necessary whilst travelling on Local Authority transport, this will usually be identified in the child's Statement of Special Educational Needs. Where appropriate

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and with parental agreement, individual health care plans will be shared with home-school transport escorts and respite care providers.

### 11. Disposal of Medicines

Parents/carers are responsible for disposing of medicines safely, including ensuring that date-expired medicines are returned to the pharmacy for safe disposal. Parents/carers are requested to collect medicines held at the end of each term. A record will be made using **Form 3** of all medicines returned to parents/carers.

If parents/carers do not collect all medicines, they will be taken to the local pharmacy for safe disposal. A record of disposal will be made on **Form 3**.

Parents/carers are responsible for the supply of medicines to school. Medicine that is out of date will not be administered to children. A letter will be sent to parents/carers informing them if medication is out of date. A response is expected within 3 working days. If a response is not received the school will refer the matter to social services.

### 12. Hygiene/Infection Control

All staff are aware of basic hygiene precautions for avoiding infection, such as washing and drying hands before and after the administration of medicines.

Staff will have access to protective, disposable gloves. Extra care will be taken when dealing with spillages of blood or other bodily fluids and when disposing of dressings or equipment. A sharps container will be used for needles. Parents are responsible for its provision, collection and disposal.

### 13. Training

The school will ensure that staff receive proper support and training where necessary. The Headteacher or teacher in charge will agree when and how such training takes place, in their capacity as a line manager. The school will access support and training via the agreed City of York pathways outlined in Appendix A.

Lord Deramore's Primary School will work within the CYC 2009 policy 'Managing Medicines in York Schools Early Years and Out of School Settings when responding to the needs of children with the following common conditions:

Asthma  
Epilepsy  
Diabetes  
Anaphylaxis

General awareness raising provided through the pathway in Appendix A will cover:

- The employer's policy on administration of medicines
- Tasks staff should not undertake
- Understanding labels and other instructions
- Administration methods eg tablets, liquids, ointments, eye drops, inhalers etc
- Infection control measures
- Side effects or adverse reactions to medicines and medical procedures and how to report this
- Recording the administration or failure to administer eg if a child refuses medicines

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- How and when to contact the child's parent, GP, nurse etc
- Safe storage of medicines
- Disposal of waste materials
- Awareness of policies on infectious diseases
- Awareness of policies on admitting children with or recovering from illnesses

Child specific training will be accessed via the agreed pathway in Appendix A.



Approved by Finance Committee

Meeting Date 12 November 2014