



## Managing Medicines Policy

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## **Managing Medicines Policy**

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## **1. Aims**

This policy has been produced to confirm the school's position in relation to the management and administering of medication during the school day or off-site during trips and visits.

This policy takes reference from guidance issued by the Department of Education (entitled 'Managing students at school with medical conditions 2014' and clarifies the responsibilities of the school, staff and parents/carers in respect of ensuring a child receives medication as prescribed in order to maintain normal attendance and performance at school.

## **2. Policy**

Generally, there are regulations regarding Medicines in a School Setting. Only certain medication is allowed to be carried by students whilst in school. By law, parents must give written consent for their child to carry their own medication and to be given medication. Conditions such as allergy causing anaphylaxis, asthma and diabetes may result in students needing to carry their own medication whilst at school; However, unless it is deemed essential for their condition (e.g. the above and certain migraine medication) the student is not allowed to carry their own medication. It is the parent/carer's responsibility to ensure that medication is handed into Reception/Administrative staff. The medication should remain in school and not be returned home at the end of the day. Medication should be in date. Please be aware that it is not the school's responsibility to notify parents if medication has passed the expiry date. Parents will also be responsible for ensuring there is an adequate supply of medication for their child whilst at school. Any out of date medication should be collected by parents.

### **Roles and Responsibilities**

#### **The Governing Body**

The Governing Body has general responsibility to assist in developing a policy on students with medical needs. The policy should be reviewed and updated on a regular basis and should contain clear systems and procedures for the safe administering of medication to students. In addition, they are responsible for making sure proper guidance is in place for dealing with medicines in the school environment and providing full insurance cover for staff acting within the scope of their employment and that staff are aware of this. Governors should also ensure that there are suitable systems for sharing information about students' medical needs and should satisfy themselves that that any training has given staff sufficient understanding, confidence and expertise and those arrangements are in place to up-date training on a regular basis. If the administration of prescription medicines requires technical or medical knowledge then the governing body should ensure training is provided to staff from a qualified health professional. Such training should be specific to the individual medical needs of the child concerned and a health care professional should provide written confirmation of proficiency in any medical procedure

#### **Headteacher**

The Headteacher is responsible for implementing the Governing Body's policy on a day-to-day basis. For a child with medical needs, the Head of School via the SENDCo must agree with parents exactly what support can be provided in school. If parents expect unreasonable adjustments, the Head of School should seek advice from the child's GP or other appropriate health professional. The Headteacher, or delegated manager, should: -

- Ensure that procedures are understood and adhered to;

- Ensure that training is provided where necessary;
- Ensure that there is appropriate, effective communication and consultation with parents, children and health professionals concerning students with medical needs.

In addition, all staff (including supply staff) should be notified of the delegated person with responsibility for medical care and informed of a child's medical needs, if appropriate.

### **Prime Responsibility**

Parents and Carers hold the prime responsibility for their child's health; The Snaith School is not in a position to take responsibility for any decisions for a child's health other than those laid out in the first aid and ambulance procedure in terms of determining if a child requires referral to hospital following an accident.

As such, members of staff will only manage and administer medicines in line with the expressed written approval of parents/carers and in accordance with the dosage and frequency instructions from a legitimate prescriber.

*(Note it only requires one parent to agree to or request that medicines are administered. As a matter of practicality, it is likely that this will be the parent with whom the school or setting has day-to-day contact. Where parents disagree over medical support, the disagreement must be resolved by the Courts. The school or setting should continue to administer the medicine in line with the consent given and in accordance with the prescriber's instructions, unless and until a Court decides otherwise).*

### Parents/Carers

The major role of caring for a child rests with the parents or carers and it is their responsibility to manage the child's health and to ensure attendance at school (Section 7 of the 1996 Education Act). It is the responsibility of the parent/carer to provide the school with full information about their child's medical needs, annually, during admissions or whenever medicines are prescribed and should include:

- Details of their child's medical needs
- Details of the treatment he/she will need at school, including any possible side effects of medication
- Other special needs or conditions (i.e. dietary requirements, pre-activity precautions)
- Details of any allergies
- The name and address of GP/consultants
- Telephone number of surgery
- What to do and who to contact in an emergency

Parents should also: - Provide any medication in a clearly labelled container with the following: -

- Name and strength of medicine
- Number of tablets/quantities to be given to school
- When to be given
- Expiry date
- Any changes to the medication

- Any other appropriate instructions (e.g. special storage arrangements)
- Collect and dispose of any medicines held in school at appropriate times
- Ensure that medicines have not passed the expiry date All relevant forms as detailed in the procedure must be completed by parent/carer and returned before the school will undertake management of medicines for a child.

The document should be used in conjunction with other policy guidance available from the school and government when planning trips and visits especially where overseas rules regarding prescribed medicine may differ from the UK.

### **Medicines Prescribed**

Medicine Medicines should only be brought onto the school site 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 Snaith School 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.

The Snaith School 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 could 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.

### **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.

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 appropriate to their level of training and expertise.

A child who has been prescribed a controlled drug may legally have it in their possession. However, for reasons of health and safety The Snaith School will look after a controlled drug, and agree a process with parents/carers for the medication to be administered to the child for whom it has been prescribed.

The Snaith School will keep controlled drugs in a locked non-portable container and only specified staff will have access. A full record of all medications received and the dates and times of administration will be retained for audit and safety purposes.

A controlled drug, as with all medicines, will be returned to the parent/carer when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy or similar arrangements). 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 and agreement from the Head of School. If agreed to, under certain circumstances, clear records must be kept indicating when a non-prescribed medicine was taken.

A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.

## **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 first check the following details on SIMS:

- the child's name
- prescribed dose
- expiry date
- written instructions provided by the prescriber on the label or container
- Parental consent has been received.

If in doubt about any procedure staff should not administer the medicines but contact parents/carers regarding decisions 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.

Storage and disposal of medicines will be done in accordance with the terms described in the Administration of Medicines Procedure Document with access to a limited number of staff only.

## **Self-Management & Long Term/Complex Medical Needs (access to education)**

The Snaith School will consider self-management on an individual case basis. Recognition must be taken of the potential risk to the child in question but also to other students and members of staff if medication of any description is handed into the care of a student. Careful consideration must be given to all mitigating circumstances although the general position is that all medication will be controlled and documented by the school.

## **Refusing Medicines**

If a child refuses to take medicine, staff should not force them to do so. The refusal should be noted in the child's student record. Parents/carers should be informed immediately of the refusal. If a refusal to take medicines results in an emergency, the school's emergency procedures should then be followed.

## **Record Keeping**

Parents must notify the school about the medicines their child needs to take and provide details of any changes to the prescription or any support required. The Medication Notification form must be completed and returned to the school before any support, medication can be managed or

administered by the school. When first receiving/managing a new medication staff must make sure that the information provided by the parent/carer corresponds with that provided by the prescriber before updating student records including Sims. Although there is no legal requirement for schools to keep records of medicines given to students, and the staff involved, The Snaith School will retain a full record to demonstrate that agreed procedures, timings and dosages have been followed and to provide support/justification for staff should this be required in any given circumstance.

### **Confidentiality**

The Headteacher and staff should always treat medical information confidentially. The Headteacher or delegated manager should agree with the child where appropriate, or otherwise the parent, who else should have access to records and other information about a child. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith.

### **Educational Visits**

The Snaith School has established procedures for the operation of trips and visits. When it is necessary to take medicines on trips all medicines will be controlled by staff and retained in a locked box with the exception of immediately required treatments such as inhalers or Epi Pens which can be retained by children in line with the clause regarding self-management.

Staff supervising trips & visits (including sport activities etc) must always be aware of any medical needs, and be provided with relevant personal health plans.

### **Sporting Activities**

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 Medicines**

Staff who have prescribed medication on their possession or in school should not carry it around with them, it should be kept in a place that is not accessible by the students i.e. personal locker, own office (again as long as it can be locked and is not accessible to students) and if either of these options are not available to certain staff then it should be retained in the secure area of the main office and treated in exactly the same way as the students prescribed medication, but they are solely responsible for it.

### **Access to Emergency Procedures**

Emergency procedures that might be required regarding the medication of a student should be assessed using the criteria and forms in the "Administration of Medicines Procedure Document" This will usually be a collectively constructed document involving the input of several sources including the medical profession, parent/carers, Pastoral Leads, Learning Support, First Aid Staff, Teachers etc. Generally, the completed record of actions will be located on Sims and appropriate staff briefed however, this will vary on occasions as each individual will be assessed on their particular needs not, common factors and therefore on outcome and actions may vary.

Initial Assessment of students that might be considered at "higher risk" or present emergency actions that are specialist in nature and require staff assistance should be assessed by their specialist medical team for example epilepsy or diabetes, as they occur and at the start of each new school year, and details passed to the school for further assessment.