



Royles Brook Primary School

Medicine Policy

The purpose of this policy is that Royles Brook Primary School has a clear Medicine Policy that is understood and accepted by staff, parents and pupils. It provides a sound basis for ensuring that children and young people with medical needs receive proper care and support in school.

This policy should be read alongside the DFE guidance "Supporting pupils at school with medical conditions".

The Lead Adult is the Headteacher, Mrs H Murray, assisted by Miss R Lea.

The Headteacher is also responsible for ensuring that sufficient staff are suitably trained (including cover arrangements in case of staff absence or staff turnover).

Whilst teachers and other school staff in charge of pupils have a common law duty to act as any reasonably prudent parent would to make sure that pupils are healthy and safe on school premises (and this might in exceptional circumstances extend to administering medicine and/or taking action in an emergency), school staff should not, as a general rule, administer medication without first receiving appropriate information and/or training. Whilst Section 3(5) of the Children Act provides protection to teachers acting reasonably in emergency situations, First Aiders are not trained generally as part of their first aid training to administer medication.

It is each parent's responsibility to ensure that their child is fit to attend school and any medication required whilst the child is at school should ideally be administered by the parent.

Prescribed Medicines

Parents are responsible for supplying the setting with adequate information regarding their child's condition and medication. This information must be in writing, signed and current so that procedures for each individual child or young person's medication are known. The information about regular prescribed medicines should be updated annually at an agreed time, or earlier, if medication is altered by the child's GP or Consultant.

All items of medication should be delivered directly to the school office by parents or

escorts employed by the Authority. **It is the parent's responsibility** to inform Mrs Murray or Miss Lea, in writing when the medication or the dosage is changed or no longer required.

After the first receipt of medication additional medication of the same may continue to be accepted without further notice, but **any** changes to the prescribed medication or a change in medication, must be notified in writing to Mrs Murray or Miss Lea.

'As required' medication, for example, inhalers, will only be accepted if the above procedures have been followed.

A record must be maintained of all medication administered to a pupil.

Medicines should only be taken at school when essential; that is where it would be detrimental to a child or young person's health if the medicine were not administered during the school 'day'. The school will only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.

Each item of medication must be delivered to the school office in in a secure and labelled container as originally dispensed by a pharmacist and include the prescriber's instructions for administration, the child's name and date of dispensing. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.

It may be appropriate for the GP to prescribe a separate amount of medication for the settings use. This should be negotiated with the parent. Items of medication in unlabelled containers should be returned to the parent. The school will **not** 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 of the school day. We encourage parents 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 attending the setting and at bedtime.**

The Medicines Standard of the National Service Framework (NSF) for Children¹ recommends that a range of options are explored including:

- Prescribers consider the use of medicines which need to be administered only once or twice a day (where appropriate) for children and young people so that they can be taken outside the setting's hours.

- Prescribers consider providing two prescriptions, where appropriate and practicable, for a child or young person's medicine: one for home and one for use in the setting, avoiding the need for repackaging or re-labelling of medicines by parents.

Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations (see Legal Framework). Some may be prescribed as medication for use by children and young people.

Once appropriate information and training has been received, any member of staff may administer a controlled drug to the child or young person for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

A child who has been prescribed a controlled drug may legally have it in their possession. However, it would be considered good practice to have the prescribed controlled drugs stored in safe custody. However, children could access them for self-medication if it is agreed that it is appropriate.

The school will keep controlled drugs in a locked non-portable container and only named staff will have access. A record will be kept for audit and safety purposes.

A controlled drug, as with all medicines, will 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 or young person for use, is an offence. We will have an agreed process for tracking the activities of controlled drugs and recognise that the misuse of controlled drugs is an offence.

Non-Prescription Medicines

Lancashire County Council (LCC) policy is that of not accepting non-prescription medication.

LCC as an organisation has a policy not to accept non-prescribed medication. This policy is commended to all Maintained Schools in Lancashire and we agree with this policy. The Governing Bodies and school's senior management teams ensure that a properly instigated and understood procedure is maintained and is available to be audited. This is communicated to all concerned including parents through the prospectus and website.

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

Long-Term Medical Needs

The parent is responsible for supplying the setting with adequate information regarding their child's condition and medication. This information must be in writing, signed and current so that procedures for each individual child's condition and medication are known. We have a standard set of forms for this (see appendix 1)

The information should be updated annually at an agreed time or earlier if medication is altered by the GP or Consultant. It is important to have sufficient information about the medical condition of any child with long-term medical needs. If a child or young person's medical needs are inadequately supported, this may have a significant impact on their experiences and the way they function in a setting. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning, leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

The Special Educational Needs (SEN) Code of Practice 2001 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child or young person's educational needs, rather than a medical diagnosis, which must be considered.

The school needs to know about any particular needs before a child or young person is admitted, or when they first develop a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. We will also develop a written health care plan for such children, involving the parents and relevant health professionals. This can include: details of a child's condition, special requirement 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. (See Appendix)

Administering Medicines

No child should be given medicines without their parent's written consent. Any member of staff giving medicines to a child or young person should check:

- The child or young person's name on the medicine container;
- Prescribed dose;
- Expiry date;
- Written instructions provided by the prescriber on the label or container and within the medication packaging.

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 the appropriate health professional that may be attached to the school (e.g. school nurse)

The school will complete and sign a record each time they give medicine to a child or young person. (See Appendix)

Good records help demonstrate that staff have exercised a duty of care.

Self-Management

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. The age at which they are ready to take care of, and be responsible for their own medicines would vary. As children grow and develop they should be encouraged to participate in decisions about their medicines.

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 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 or young person. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child or young person of any age to self-manage.

Health professionals need to assess, with parents and children, the appropriate time to make this transition.

If a child can take their medicines themselves, staff may only need to supervise.

At Royles Brook Primary School, a child may administer (where appropriate) but not usually carry their own medicines, bearing in mind the safety of other children and young people and medical advice from the prescriber, in respect of the individual child or young person.

Where children and young people have been prescribed controlled drugs, the staff need to be aware that these should be kept in safe custody. 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 contact parents. Details may be included in a care plan.

Parents should be informed of the refusal on the same day. If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed as written down in the child or young person's care plan.

Record Keeping

Parents must 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.

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 or young person;
- Name of medicine;
- Dose;
- Method of administration;
- Time/frequency of administration;
- Expiry date;
- Date of dispensing.

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. Records offer protection to staff and proof that they have followed agreed procedures.

(See Appendix for forms used)

Educational Visits

It is essential that when planning an educational visit, the school can demonstrate that it has taken all reasonable steps and has undertaken reasonable adjustments to try and ensure that the visit is accessible to children with disabilities and/or medical needs.

Schools must also ensure that when included in an outdoor visit a child or young person is not put at a substantial disadvantage. These factors may include: the time and effort that might need to be expended by a disabled/medical needs child; the inconvenience, indignity or discomfort a disabled/medical needs child might suffer; the loss of opportunity or the diminished progress that a disabled/medical needs child may make in comparison with his or her peers who are not disabled or have medical needs.

Lancashire County Council has in place an Educational Visits Policy and Guidelines which was written to comply with Health and Safety at Work law. The document sets out the safety policy for off-site Educational Visits, participation in adventurous outdoor activities, and the arrangements for the implementation of the Policy.

If the staff are concerned whether they can provide for a child's safety, or the safety of other children and young people on a visit, they should seek parent views and medical advice from the School Health Service or the child or young person's GP.

Sporting Activities

Most children and young people with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children and young people to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and wellbeing. Any restrictions on a child or young person'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 and young people with particular needs. Some children and young people 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 and young people, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

Information Sharing

Royles Brook Primary School Medicine Policy May 2018

It is the responsibility of the Headteacher to ensure that all relevant staff are aware of medical conditions and needs.

If a teacher is absent (planned) it is their responsibility to inform cover staff of any medical needs. In the case of unplanned absences, it is the responsibility of the Headteacher/ Deputy Head teacher to ensure the necessary information is shared.

Miss R Lea (SENCO)

Date: May 2018

Review May 2019 or in line with DFE changes