



**St. Jérôme Church of England  
Bilingual School**

**Managing Medicines in Schools and  
Early Years Settings**

(September 2016)

Executive Headteacher.....

Revd D. R. Norris

Chair of the Governing Body.....

Ian Fernandes

Date:~

## Introduction

In creating this policy document we have used the Department of Health Managing Medicines in schools and Early Years settings March 2005 (not updated since as at March 2016).

We are committed to the support of children with medical needs and their fundamental right of access to education.

The school takes these issues very seriously and has employed someone to specifically carry out this work – we have employed a specific member of staff who is appropriately trained to manage medicines, first aid and dealing with a child who may become ill in school.

This member of staff has support and received training from the school nurse and asthma nurse.

## Prescribed Medicines

Medicines should only be administered in school if essential. Where possible we ask that medicines be prescribed on a twice or three times daily which could be administered outside the school day.

The medicines must be in their original container and include the prescriber's instructions. We will not accept medicines that have been taken out of the original packaging nor would we administer anything other than the dose instructed on the container.

We ask that the prescriber could provide two prescriptions of inhalers and/or epipens – one for the medical room and one for the classroom.

*Ibuprofen will not be administered even if prescribed as the dosage of between 6-8 hours can be given outside the school day. Please also see Non Prescription Medicines.*

## Controlled Drugs

We are aware some children may be on controlled drugs, e.g. methylphenidate for ADHD and that any member of staff who is agreeable, may administer a controlled drug in accordance to the prescriber's instructions.

Controlled drugs are retained in a locked, non-portable container and all staff have access. A record is kept for audit and safety purposes.

As with all drugs, the controlled drug should be returned to the parent when no longer required for safe disposal. If this is not possible, it will be returned to the dispensing pharmacist.

We encourage the dosage to be prescribed so that it is not necessary to administer such a drug in school where possible.

### **Non –Prescription Medicines**

Staff will never give a non prescribed medicine to a child unless there is specific prior written permission from the parents and it is deemed essential. It will be made clear that non-prescribed medicines should not normally be administered.

Ibuprofen will not be administered during the school day unless it forms part of an Individual Health Plan. For children attending breakfast and after school clubs parents are required to discuss administering medicine with the Welfare Officer or a member of the Senior Leadership Team. The only exception is children taking part in residential school journeys where specific parental consent is sought.

Aspirin should **never** be given.

We ask that medication, if possible, be provided in sachets rather than a glass bottle as this reduces the quantity needed in school and is obviously safer.

IN ALL CASES WE ASK THAT A FORM IS COMPLETED BY THE PARENT AND HANDED DIRECTLY TO A MEMBER OF STAFF. BLANK FORMS ARE HELD AT THE SCHOOL OFFICE OR AVAILABLE ON THE WEBSITE. THE FORM DOCUMENTS THE CONDITION, NAME OF MEDICATION, DOSAGE, TIMES TO BE GIVEN, LENGTH OF COURSE OF TREATMENT AND PERMISSION TO GIVE AND IS SIGNED BY THE PARENT.

### **Short Term Medical Needs**

Many children will need to take medicines during the day during their time in school. This would be short term and allowing it will minimise the time they need to be absent. However, where possible a medicine should only be taken where it would be detrimental to a child's health if it were not administered during the school day.

### **Unforeseen Circumstances**

If a child becomes unwell at school and medication is considered necessary, our welfare officer or appropriate member of staff will telephone the parent and gain verbal consent before administering anything that we have not acquired written consent to give.

### **Long Term Medical Needs**

We always request sufficient information about the medical condition of a child with long term medical needs. This would, in the first instance be provided by the parent, who in turn may need to gain information required from their GP or specialist to pass on to the school.

We need to know about any particular medical needs before a child is admitted or when a child first develops a medical need. We may need to make special arrangements for a child who has to attend hospital appointments regularly. We will write a health care plan for the child involving the parents and relevant health care professionals. We will approach parents to come and in the write the plan together.

If it has come to the school's attention (via a teacher or because of a prolonged absence) a child has developed a new condition the parents will be approached to write a health care plan.

All health care plans will be updated yearly or sooner if the child's health needs change.

We ask parents with children who have a healthcare plan to keep us informed as to whether there are any changes that need to be made.

We ask parents of each child new to the school to complete a form detailing allergies and medical conditions.

Otherwise, we will advertise to parents regularly (via the bulletin, letters) to ask them to keep us informed of any new medical conditions.

### **Administering Medicines**

No child will be given medicines without their parent's written consent. In an emergency, we may need to obtain verbal permission to administer certain medications.

Any member of staff will check – the child's name, prescribed dose, expiry date and written instructions provided on the label or container.

If in doubt, staff will check with the parent or a health professional.

School staff will complete and sign a record each time they give medicine to a child. We strongly encourage meticulous record- keeping particularly to demonstrate our commitment to a duty of care. We will also confirm with the parent what name, what dose, and what time a medicine has been administered.

### **Self Management**

We encourage children as they grow older to participate in decisions about their medications and take responsibility for them.

If appropriate, we will approve the child carrying and administering their own medications with staff supervision only. We will ask the child to inform the Welfare Officer and it will be recorded.

### **Refusing Medicine**

If a child refuses medicine, staff will not force them to take it but should note this in the records. Parents must be informed of the refusal as soon as possible. If refusal of a medicine results in an emergency then procedures will be followed. For example, calling the emergency services or instigating first aid.

### **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 support required.

Medicines must always be provided in the original container as dispensed by a pharmacist and include the prescribers instructions.

Check:~

Name of child

Name of medicine

Dose

Method of administration

Time/frequency of administration

Any side effects

Expiry date

Parents will complete a form detailing medicines.

A record will be kept detailing medicines given. This protects our staff and proves they have followed procedures.

### **Educational Visits**

We encourage children with medical needs to participate in safely managed visits. Adjustments may need to be met to enable a child to participate fully and safely. A risk assessment must be carried out specific to the child's needs.

Occasionally, it may be necessary for another supervisor to accompany the child. Arrangements for taking medications will be taken into consideration. Staff will be aware of medical needs and emergency procedures. A copy of the health care plan will be taken on visits.

If a member of staff is concerned, they should seek parental views and medical advice.

### **Sporting Activities**

There will be flexibility for children to participate in sporting activities appropriate to their abilities. Any restriction will be recorded in their individual health care plan. We will maintain the privacy and dignity of children with specific medical needs at all times.

## **Dealing with Medicines Safely**

### **Storing**

We will not store large volumes of medicines.

We will only store, supervise and administer medicines that have been prescribed for an individual child. They are stored at the correct temperature in the original container. It will be clearly labelled with name, dose and frequency of administration. Staff will not transfer medicines from their original containers. The medicine cupboard is locked at all times.

Children will know where their medications are stored. All emergency medicines are readily available to the child and staff, in the classroom as well as in the medical room

There is a locked fridge for medicines that need to be kept at cooler temperatures.

If there is any doubt we will contact our local pharmacist for information on storing medications.

In each classroom there is a medical bag which contains inhalers and epipens. It is stored inside a cupboard which is not locked and easily accessible. No child would be unsupervised in the classroom.

### **Access**

We ensure our children have immediate access to their medicines when required and are only accessible to those for whom they are prescribed.

### **Disposal of Medicines**

Medicines are kept as long as they are in date. When out of date they are disposed of by a local pharmacy or sent home. Medicines will be sent home with pupils leaving the school and Year 6 children at the end of their time at the school.

### **Hygiene and Infection Control**

Staff must have access to gloves and the means of disposing of dressings or equipment with the receptacle clearly labelled.

### **Emergency Procedures**

First aid policy – Staff must know:~ where it is kept, names of staff with the relevant qualifications, equipment. There is a policy for the emergency management of an acute asthma attack and child protection.

Know who is responsible and for what.

Member of staff must accompany a child to hospital and stay until parent arrives. The member of staff will take with them a photocopy of the child's admission card, detailing pupil information and emergency contact numbers. Retrieval of the staff member will be arranged by the school.

### **Confidentiality**

At all times our records are kept confidential and not disclosed unless we have parental consent.

### **Related documents**

Authority to administer medicines – Parental Consent Appendix 1

Asthma Policy

Anaphylaxis Policy

First Aid Policy





# St. Jérôme Church of England Bilingual Primary School



Executive Headteacher: Revd. Daniel Norris MBA NPOH

## Parental agreement for school to administer medicine

**The school will not give your child medicine unless you complete and sign this form.**

**Please refer to Managing Medicines in Schools and Early Years settings policy**

Name of Child: \_\_\_\_\_ Year: \_\_\_\_\_

My child is suffering from: \_\_\_\_\_ and requires the following medication

Name of medication: \_\_\_\_\_

