

Managing Medicine

September 2018



Limitless Potential

Ignite Passion

Embrace Difference

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Headteacher

Mr. Keith Oliver
Chair of Governors

School Policy

Hazlewood Community Primary School

Date: September 2018

Date for Governors Review: September 2019

1. Purpose and Scope

1.1. All pupils have the right to education with their peers regardless of any short or long-term health needs for medication whilst at school and Hazlewood Community Primary School seeks to insure that the impact of a child's medical condition does not negatively impact on their school life as far as possible and that all staff who work with them are aware of how best to help them.

1.2. The purpose of this policy is to inform parents/carers and staff of expectations in relation to the management of medication in school and at Out of School Club (OOSC) including responsibilities and procedures. This applies to all children and all medication on the school site.

2. Responsible Party

2.1. The Headteacher bears overall responsibility for the management of medication in school.

2.2. Office staff (and OOSC breakfast club staff) are authorised to receive medication into school and Mrs Barron (Business Manager) has an overview of the administration of medication in school.

2.3. The Headteacher, Mr Bommel, is the lead member of staff regarding the creation and implementation of Healthcare Plans (see below for more information) and can be contacted via the main office.

3. Definitions

3.1. Parent: Used here to refer to any person with parental responsibility for the care of a child.

3.2. Response medication: Medication needed in an emergency as a response to a medical need e.g. inhalers, epi-pens.

4. Role and Responsibility of the Parent

4.1. Parents bear principle responsibility for the administration of medication to their children.

4.2. Parents must inform school of any new short or long-term medical condition or medication needs their child has. Parents must also inform school of any changes to their child's medical condition or medication needs.

4.3. Parents must make a request for medication to be administered in school. This should be done in writing via a 'Request to Administer Medication' form (appendix A) available from the main office.

4.4. All medication must be handed by the parent to a member of the office/OOSC staff along with the completed form. Parents must ensure that their child never brings medication of any form into school.

4.5. Medication will only be given where vital and necessary. Parents may only request for medication to be administered in school where it has been prescribed by a medical professional. Medication to be given orally should be supplied with a measuring spoon or syringe. The medication must be in its original container with a satisfactory, printed prescription label showing:

4.5.1. The child's name

4.5.2. The name and strength of the medication

4.5.3. The dosage and when / how often the medication should be given

4.5.4. The expiry date

4.6. Parents are encouraged to give medication outside of school hours wherever possible. Consequently, medicines that need to be taken three times a day will not be administered in school and should be taken before and after school and at bedtime. Medicine to be administered four times a day will only be given once during school time. An exception to this may be made where children attend OOSC past 4.30pm.

4.7. Parents should apply medical creams at home. These will only be accepted into school in exceptional circumstances.

4.8. Parents must ensure that any medication past its expiry date is renewed.

4.9. Parents should collect any out of date medication or medication that is no longer required from the main school office. If medication is not collected when advised by school, it will be taken to a pharmacy by a member of staff for secure disposal.

5. Role and Responsibility of General School Staff

5.1. There is no legal duty which requires staff to administer medication, this is a voluntary role. Staff are reassured that they are acting within the scope of their employment and are indemnified under the school's insurance as long as the procedures in this policy are followed.

5.2. Where training is necessary for the administration of medication, this will be arranged by the school for appropriate staff. Sufficient staff will be trained in order to cover staff absence.

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5.3. Staff must direct any request to administer medication to the office and must not accept medications themselves. The exception to this is OOSC staff who may accept medication following the below procedures for children attending breakfast club.

5.4. Staff will administer medication in line with the procedures below ensuring written consent has been obtained from the parent.

5.5. Staff should not assume that a child's medical condition requires the same treatment as another child with the same condition.

5.6. Staff should ensure that any personal medication is stored securely with the exception of response medication. Staff should not offer personal medication to others.

6. Visitors to School

6.1. Visitors to school should not bring personal medication on site. Where it is absolutely necessary that medication should be carried on site, visitors should alert office staff to this in the interests of safeguarding.

7. Procedures for Office Staff Receiving Medication into School

7.1. Each request to administer medication by the parent should be considered on its merits. Where a new long term, severe or complex medical need arises, staff should alert Mrs Barron as it may be appropriate to create a Healthcare Plan.

7.2. Staff should check the medication and prescription label as described above.

7.3. Staff should obtain written consent for the administration of medication from the parent via an 'Request to Administer Medication' form. Staff should check this form and clarify any queries in writing with the parent. If OOSC staff have received medication during breakfast club, this should be handed with the form to office staff at the start of the school day.

7.4. Mrs Barron should enter the details of the medication on a 'Record of Medicines Administered' form (appendix B) completing all fields. All medication given to a child within a rolling 12 month period will be recorded on the same form (additional pages to be added as necessary) with the parental 'Request to Administer Medication' form(s) attached.

7.5. Mrs Barron should enter the details of long term medication on the school's medical register and in SIMS and alert relevant staff to the medical need if necessary.

7.6. Forms should be filed alphabetically in the office 'Medication File' for Reception to Year 6. Forms for Nursery and Keep children will be transferred to the 'Nursery Medication File' held in the Nursery.

7.7. Forms from the Nursery will be transferred to the main school at the end of the school year. Forms should be kept for three years from the date of the last entry then destroyed unless there is a practical reason to retain the information further.

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8. Procedures for the Administration of Medication

8.1. Children in Reception to Year 6 will be brought by a member of staff to the office at the time(s) designated for them to take their medication. Children in The Keep and Nursery will have medication administered at their location. Staff will do their utmost to ensure privacy for children receiving medication and will try to accommodate the child's needs.

8.2. Staff should check the 'Record of Medicines Administered' before administering any medication, taking note of the date and time of the previous dose. The expiry date, name of medication and dosage regime should also be checked each time medication is administered.

8.3. No medication should be administered without the explicit written consent of the parent except in an emergency situation on the advice of medical personnel.

8.4. Staff should always administer medication in accordance with the prescription label and cannot accept any alterations as advised by the parent. Medication must be dispensed directly from the pharmacy box and not dispensed in a separate container.

8.5. All fields of the 'Record of Medicines Administered' should be completed when medication is administered. A witness and counter signatory is required.

8.6. If there are any concerns following the administration of medication, the parents and/or medical personnel should be contacted immediately. 8.7. Where children are deemed capable of administering their own medication (inhaler/cream only) and consent has been given by the parent, this should be supervised and recorded on the 'Record of Medicines Administered'.

8.8. Where parents choose to come into school to administer medication themselves, this should also be recorded on the 'Record of Medicines Administered'.

8.9. If medication is not administered for any reason where it is expected, the parents should be informed and staff should record the outcome on the 'Record of Medicines Administered'.

9. Response Medication

9.1. The above procedures apply equally to response medications with the addendum that in an emergency situation, response medication may need to be given without staff having first checked the 'Record of Medicines Administered'.

9.2. School holds emergency inhalers and epi-pens which may be administered in an emergency to pupils diagnosed with relevant medical conditions where their own medication is not available. Inhalers will be discarded after one use for hygiene purposes.

10. Storage of Medication

10.1. Only authorised personnel will hold keys to access medication. All medication (except response medication) must be stored securely and not left unattended. Medication will be in kept in one of the following locations as appropriate:

10.1.1. The fridge or medications cupboard in the staff room.

10.1.2. The fridge or medications cupboard in the Nursery

10.2. Response medication such as epi-pens and inhalers must be kept accessible at all times. This will be in one of the following locations:

10.2.1. The main office

10.2.2. In the classroom in an agreed location

10.2.3. With the pupil (if explicitly stated on the Healthcare Plan)

10.3. Medication should never be stored in first aid boxes.

11. Individual Healthcare Plans

11.1. Healthcare Plans are required to support children with long-term, severe or complex medical conditions.

11.2. Mrs Barron has responsibility for the development of these plans. Once notified of a child's new or changed medical need by the parent, Mrs Barron will take the following steps:

11.2.1. Arrange a meeting with the parent and any relevant school staff and/or healthcare professionals to discuss the child's needs.

11.2.2. Develop a Healthcare Plan (appendix C) and obtain signed consent from the parent for its implementation.

11.2.3. Identify any staff training needs and arrange for their implementation in conjunction with relevant healthcare professionals.

11.2.4. Implement and circulate the Healthcare Plan to relevant staff. 11.2.5. Set an annual review date unless prompted earlier by the parent or healthcare professional as to a change in the child's condition.

11.3. Whole school awareness training may be undertaken if appropriate to educate staff in meeting the needs of a child's specific medical condition.

11.4. Plans will be shared with staff as necessary including supply staff for the protection of the child.

11.5. Children's photos may be displayed alongside their medical need in the classroom/ First Aid and OOSC to allow them to be easily identified in an emergency.

11.6. Depending on the specific nature of the medication involved, school may be unable to administer medication until a plan has been created. School will aim to create a plan within two weeks following notification by the parent of a medical need.

12. School Trips, Visits and Sporting Activities

12.1. When taking children on a school trip, residential visit or sporting activity, the lead member of staff should liaise with office staff to ensure they have all relevant medications, the child's 'Record of Medicines Administered' and a copy of any Healthcare Plans for children attending the trip.

12.2. Children with medical conditions will be supported to take part in trips and sporting activities given any reasonable adjustments unless advised by a medical professional.

12.3. Where medications need to be administered on the trip, staff should adhere to the above procedures.

12.4. Medications (other than response medications) will be kept securely in the care of the lead member of staff or nominated proxy.

12.5. Travel sickness medications are allowed by prescription only and should be given to the office and a 'Request to Administer Medication' form completed prior to the trip.

12.6. Once the trip is over, the lead member of staff must return all medication to the correct location, ensuring medication is locked away (except response medication).

13. Complaints

13.1. Should parents feel dissatisfied with the support provided to their child regarding their medical condition, they should contact Mrs Barron in the first instance. If the issue is not resolved, they should follow the school's Complaint Procedure available on the website or at the office on request.

14. Additional Authority

14.1. This policy has been written in consideration of the following legislation and statutory guidance:

- 14.1.1. The Medicines Act 1968
- 14.1.2. The Misuse of Drugs Act 1971
- 14.1.3. The Controlled Drugs (Penalties) Act 1985
- 14.1.4. The Misuse of Drugs Regulations 2001
- 14.1.5. The Health and Safety at Work Act 1974
- 14.1.6. Management of Health and Safety at Work Regulations 1999
- 14.1.7. The School Premises (England) Regulations 2012
- 14.1.8. The Special Educational Needs Code of Practice 2015
- 14.1.9. Supporting pupils at school with medical conditions December 2015
- 14.1.10. Statutory Framework for the Early Years Foundations Stage 2014
- 14.1.11. The Human Medicines (Amendment) (no. 2) Regulations 2014
- 14.1.12. The Children Act 1989
- 14.1.13. Equality Act 2010