

Smithdown Primary School

Managing Medicines Policy

Adopted: October 2015

Reviewed: October 2016

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**Aims**

To outline the policy and procedures for managing medicines in schools so it is understood by staff, parents and children and so that all children, including those with medical needs receive proper care and support in our school.

**Objectives**

• To encourage and support inclusive practice

• To ensure regular attendance by all children

**Important procedures**

• Procedures for managing prescription medicines which need to be taken during a school day

• Procedures for managing prescription medicines on trips and outings

• Statement of roles and responsibilities for staff managing and administering medicines

• Statement of parental responsibilities in respect of their child’s medical needs

• The need for prior written agreement from parents and carers for any medicines to be given to a child

• Circumstances in which a child may take non prescription medicines

• Policy on assisting children with long term or complex medical needs

• Policy on children carrying and taking their medicine themselves

• Staff training

• Record keeping

• Safe storage of medicines

As an inclusive setting, we recognise that there may be times when medication needs to be administered to ensure a child’s participation in our school. We will therefore administer medication and supervise children taking their own medication according to the procedures in this policy.

• We ask parents and carers to ask their doctor wherever possible to prescribe medication which can be taken outside of the school day.

• We are prepared, however, to take responsibility for those occasions when a child needs to take medication during the school day in strict accordance with the procedures in this policy and following the guidance in the DfES document ‘Managing Medicines in Schools and Early Years Settings’ (2005)

• We will only administer prescribed medication.

**Children with Special Medical Needs**

• Should we be asked to admit a child to the school with special medical needs we will, in partnership with the parents/carers discuss their individual needs and write a Health Care Plan. We will also involve other outside agencies as appropriate to the needs of the child and family.

• Care Plans will be on display in the School Office, staffrooms and kitchens.

• Any resulting training needs will be identified and arranged from the appropriate support agencies and the family as required.

**Procedures**

**1. On Admission**

All parents and carers are asked to complete a family record giving full details of medical conditions, regular and emergency medication, emergency contact numbers, name of family doctor, details of hospital consultants, allergies, special dietary requirements and any other health information that may affect their child’s care. These details are updated every 12 months or sooner when necessary.

**2. Emergency Medication**

Specific specialised training is required for those staff prepared to act in emergency situations. Staff who agree to administer the emergency medication must have training from an appropriate health care professional which should be updated annually. Emergency medication could include asthma reliever inhalers, emergency treatment for allergies eg. Epipen, emergency treatment for epilepsy, emergency treatment for diabetes.

**3. Administration of Prescribed Medication**

3.1 Should a child need to receive medication during the school day parents or carers will be asked to come into school and personally hand over the medication to the School Office.

3.2 On receipt of medication, a ‘Medicine Record Sheet’ should be completed and signed by the Parent/Carer) - (a separate form should be completed for each medication). Completed forms will be kept with medications in the School Office.

3.3 The medication should be in the original container as dispensed clearly labelled with the instructions for administration including:

• The child’s name

• Name of medication

• Strength of medication

• How much to be given

• When to be given

• Date dispensed and/or expiry date. (If no date given, the medication should be replaced 6 months after date dispensed)

• Length of treatment

• Any other instructions

NB A label ‘to be taken as directed’ does not provide sufficient information.

3.4 Liquid medication should be measured accurately using a medicine spoon or syringe. Medication should not be added to food or drinks unless there is a specific reason.

3.5 A record of the administration of each dose will be kept and signed by Office staff, on the reverse of the Medicine Record Sheet.

3.7 Should the medicine need to be changed or discontinued before the completion of the course or if the dosage changes the school should be notified in writing by the parent/carer. A new supply of medication – correctly labelled with the new dose – should be obtained and a new consent form completed.

3.8 Should the supply need to be replenished this should be done in person by the parent or carer.

**4. Application of Creams and Lotions**

4.1 Non-prescribed creams and lotions may be applied at the discretion of the Headteacher in line with this policy but only with written consent from parents and carers.

4.2 Parents and carers are responsible for sending in the cream, labelled for the individual child, if they wish cream to be applied.

4.3 Steriod creams are usually applied twice daily only – we would usually expect these to be applied at home.

4.4 Sun cream needs to be supplied by parents and carers. We ask parents and carers to apply sun block in the morning before coming to school. Children may bring in their own creams but parents and carers must ensure it is in date and of at least SPF 25 or above. It should be labelled clearly and is the child’s responsibility.

**5. Alternative Medication**

Alternative medication, including homeopathic medication and herbal remedies, will not be administered unless prescribed or agreed by a GP/consultant.

**6. Simple Analgesics (Pain Relief)**

These will only be given if there is an on-going medical condition i.e. febrile convulsions and it has been prescribed by a GP/consultant.

**7. Refusing Medication**

7.1 If a child refuses medication staff will not force them to take it.

7.2 The refusal will be noted and parents contacted by telephone.

7.3 In the event of a child refusing emergency medication parents and carers will, of course, be contacted immediately by telephone. The emergency services will be contacted immediately and a member of school staff will accompany the child to hospital to allow parents time to arrive.

**8. Storage and Disposal of Medication**

8.1 All medication will be kept locked in the Medical Room in the School.

8.2 Children prescribed with an Epi-pen will need to have TWO pens in school – one to be kept with them/in the classroom and the other as a ‘back up’ to be kept in the School Office.Epi-pens and blood testing machines should be kept in a clearly labelled box/bag in the classroom; this must travel with the children at all times including PE lessons and off-site visits. Parents are responsible for ensuring that Epi-pens they supply to school are ‘in date’.

8.2 Medication requiring refrigeration will be stored in a locked fridge accessible only by designated staff in the Medical Room.

8.3 Emergency medication will be stored out of the reach of children, in the same room as the child wherever possible and easily accessible to staff. All members of staff working in the school will need to be made aware of the location of the emergency medication.

8.4 A regular check of all medicines in school (School Office and classrooms) will be made every 6 weeks and will be completed by Sarane Kearns. Parents and carers will be asked to collect any medication which is no longer needed, is out of date or not clearly labelled.

8.5 Any medication which is not collected by parents and carers and is no longer required will be disposed of safely at a community pharmacy. No medication should be disposed of into the sewage system or refuse.

**9. Offsite Activities and Educational Visits**

9.1 The named leader of the activity must ensure that all children have their medication, including any emergency medication available. The medication will be carried by a named member of staff. This also include asthma inhalers and other relief medication. Record forms are also taken to ensure normal administration procedures are followed.

9.2 For residential visits parents and carers are required to complete a consent form for all forms of medication. This includes over the counter medication such as travel sickness.

9.3 All parents and carers are asked to sign a consent form to give permission for a small dosage (stated on the consent form) of paracetamol to be administered should the child require this during the trip. Any such administration of paracetamol is recorded and parents are informed and asked to counter sign on the child’s return.

**10. Training**

Training needs are reviewed annually according to the needs of our children. This policy is part of our staff induction programme and is reviewed annually. Training needs are identified for individual staff through annual performance and appraisal meetings. Training for specific conditions eg. Asthma is provided for the whole staff at least every two years.

This policy will be reviewed annually.