

# BECKFORD PRIMARY SCHOOL



## MEDICINES IN SCHOOL POLICY

Headteacher: Samantha Smith  
Date last ratified by governing body: June 2016

### **Procedures for managing prescription medicines which need to be taken during the school day**

Medicines should only be brought to school 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 school will only accept medicines that have been prescribed by a doctor, dentist, nurse or pharmacist prescriber.

Medicines must always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

*The school will never accept medicines that have been taken out of the container into which they were originally dispensed, nor make changes to dosages on parental instructions.*

### **Procedures for managing prescription medicines on trips and outings**

Asthma inhalers and adrenaline pens should always be taken on off-site visits, including swimming.

### **Roles and responsibility of staff managing administration of medicines**

**No child under 16 should be given medicines (prescribed or non-prescribed) without their parent's written agreement and the head teacher's, deputy Headteacher's or Senior First Aider's written permission (Form 1).**

Any member of staff giving medicines to a child should check:

the child's name

prescribed dose

expiry date

written instructions provided by the prescriber on the label or container.

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 a health professional attached to the school.

Requests for short term medication - Staff must record when they administer medicine on the form

Requests for long term medication – Staff need to refer to the agreement form and/or health care plan which can be found in the year group first aid bags

Medicine must only be administered by a member of staff, usually a first aider, where there is a signed written agreement from.

### **Parental responsibilities in respect of their child's medical needs**

Parents, as defined in section 576 of the Education Act 1996, include any person who is not a parent of a child but has parental responsibility for or care of a child. In this context, the phrase 'care of the child' includes any person who is involved in the

full-time care of a child on a settled basis, such as a foster parent, but excludes babysitters, child minders, nannies and school staff.

It only requires one parent to agree or request that medicines are administered. As a matter of practicality, it is likely that this will be the parent with whom the school has day-to-day contact. Where parents disagree over medical support, the disagreement must be resolved by the Courts. The school 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 should be given the opportunity to provide the headteacher with sufficient information about their child's medical needs if treatment or special care is needed. They should, jointly with the head, reach agreement on the school's role in supporting their child's medical needs. If possible, the head will always seek parental agreement before passing on information about their child's health to other staff. Sharing information is important if staff and parents are to ensure the best care for a child. This includes the parents being responsible to ensure that all medication kept in school is in date.

### **Non-prescription medicines**

Staff should never give a non-prescribed medicine to a child unless there are special circumstances which have been discussed with the Headteacher, Deputy Headteacher or senior first aider.

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

### **Assisting children with long-term or complex medical needs**

The school will obtain sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school. 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's educational needs rather than a medical diagnosis that **must** be considered.

The school needs to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. Where appropriate, the school will develop a written medication plan for such children, involving the parents and relevant health professionals. Otherwise, the prescribing health professional will provide the school with a written health care plan.

This can include:

- Details of a child's condition
- Special requirement e.g. dietary need, pre-activity precautions

- Any side effects of the medicine
- What constitutes an emergency
- What action to take in an emergency
- What not to do in the event of an emergency
- What role can be played by staff.

### **Children carrying and taking their medicines themselves**

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 and the school will encourage this.

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

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. There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

If children can take their medicines themselves, staff may only need to supervise. Children may carry, and administer (where appropriate), their own medicines, bearing in mind the safety of other children and medical advice from the prescriber in respect of the individual child. Written parental consent must always be given in this case. (Form 3)

Where children have been prescribed controlled drugs, 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.

### **Staff training in dealing with medical needs**

The head is responsible for making sure that staff have appropriate training to support children with medical needs. The head should also ensure that there are appropriate systems for sharing information about children's medical needs.

### **Record keeping**

A record will always be kept of medicines administered to children in school (Form 2). This will be kept in the child's medicine box, if she or he has one.

Any child who brings medicine to school on a regular basis must have a health care plan which is kept in the medicine box provided by the school.

### **Safe storage of medicines**

Large volumes of medicines are not stored. Staff only store, supervise and administer medicine that has been prescribed for an individual child.

Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Staff should ensure that the supplied container, including asthma inhalers, is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. Medicines are only accepted in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions. Where a child needs two or more prescribed medicines, each should be in a separate container.

Non-healthcare staff should never transfer medicines from their original containers. Medicines that are out of date must never be administered. Children's medicines will be kept in a transparent storage box, provided by the school, which will have a small photo of the child and the child's name on it.

Children should know where their own medicines are stored. The Head teacher is responsible for making sure that medicines are stored safely. All emergency medicines, such as asthma inhalers and adrenaline pens, are kept in the school office.

A few medicines need to be refrigerated. These are kept in a refrigerator in the First aid room.

### **Educational visits**

The school will consider what reasonable adjustments we might make to enable children with medical needs to participate fully and safely on visits. This might include reviewing and revising planning arrangements to include the necessary steps to include children with medical needs. It might also include risk assessments for such children.

Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP.

### **Access to the school's emergency procedures**

In an emergency situation an ambulance will be called. A child or member of staff should ask the office to call the ambulance, unless the child is suffering an extreme allergic reaction and, in that case, a staff mobile may be used and the office informed that an ambulance has been called.

A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Staff should never take children to hospital in their own car; it is safer to call an ambulance.

Individual health care plans should include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency: for

example, if there is an incident in the playground, a lunchtime supervisor would need to be very clear about their role



## BECKFORD SCHOOL REQUEST FOR LONG TERM MEDICATION

Name of child	
Date of birth	
Class	
Medical condition	

### Medicine

Name/type of medication	
Dosage /Date of expiry	
Other instructions	
Are there any side effects that the school/setting needs to know about?	
Self-administration – Y/ N	

### Contact Details

Name	
Daytime telephone no.	
Relationship to child	
Address	

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school staff administering medicine in accordance with the school/setting policy. I will inform the school if there is any change in dosage or frequency of the medication or if the medicine is stopped or has expired.

Parent/ Carer Signature \_\_\_\_\_

Date \_\_\_\_\_

Head Teacher / First Aider Signature \_\_\_\_\_

Date \_\_\_\_\_



## BECKFORD SCHOOL REQUEST FOR SHORT TERM MEDICATION

Name of child

Date of birth

Class

Medical condition or illness


### Medicine

Name/type of medicine  
(as described on the container)

Dosage

Other instructions

Are there any side effects that the  
school/setting needs to know about?

Self-administration – Y/ N


**ONLY ONE DOSE CAN BE GIVEN EACH DAY AT LUNCH TIME BY THE FIRST AIDER ON DUTY.**

**NB: Medicines must be in the original container as dispensed by the pharmacy**

### Contact Details

Name

Daytime telephone no.

Relationship to child

Address


The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy.

Parent/ Carer Signature \_\_\_\_\_

Date \_\_\_\_\_

Head Teacher / First Aider Signature \_\_\_\_\_

Date \_\_\_\_\_





## BECKFORD SCHOOL MEDICATION PLAN

Child's name	
Class	
Date of birth	
Child's address	
Medical diagnosis or condition	
Date of start of Medication Plan	
Date for review	

### **Family Contact information**

Name of main contact	
Phone number (work)	
Phone number (home)	
Phone number (mobile)	

### **Clinic / Hospital Contact**

Name	
Phone number	

### **GP Contact**

Name	
Phone number	

**Describe medical needs and/or details of child's symptoms**

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**Daily care requirements**

**Describe what constitutes an emergency for the child and the action to take if this occurs**

**Follow-up care from school**

**Who is responsible in an emergency (state if different for off-site activities)?**