



Hunter's Bar Infant School Medical/Administering Medicines Policy

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Introduction

This policy reflects the DfES *Managing Medicines in Schools and Early Years Settings* guidance.

Children with medical needs have the same rights of admission to a school setting as other children. Parents have the prime responsibility for their child's health and should provide schools with information about their child's medical needs.

There is no legal duty that requires school staff to administer medicines and medicines should only be taken to school when essential. Staff have a duty of care to act like any reasonably prudent parent. In exceptional circumstances the duty of care could lead to administering medicine and/or taking action in an emergency.

Schools need to know about any particular needs before a child is admitted or when a child develops a medical need. A health care plan may be necessary for such children, involving parents and relevant health professionals.

Aims and objectives

We aim, as a school, to produce a safe and secure environment where all can learn without anxiety, and measures are in place to support children with medical needs.

This policy aims to produce a consistent school response to supporting children with medical needs who require access to their medicines in school.

We aim to make all those connected with the school aware of catering for children with medical needs, and make clear each person's responsibilities with regard to the administering medicines in our school.

We aim to give children support and encouragement to take responsibility to manage and make decisions about their own medicines

Medicines in school

No child under sixteen should be given medicines without their parent's written consent.

Medicines should only be sent to school where it would be detrimental to the child's health if it 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. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

School should keep written records of each time a medicine is given.

A child who has been prescribed a controlled drug may legally have it in their possession. School may look after the controlled drug, where it is agreed that it will be administered for the child for whom it has been prescribed.

Any controlled drugs should be kept in a child safe, non-portable container and only named staff will have access. Children should know where their own medicines are stored and who can access them.

All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children who need them and should not be locked away. Children may carry their own inhaler

Non-emergency medicines should be kept in a secure place, not accessible to children. Medicines that are required to be refrigerated should be clearly labelled.

The Head teacher's agreement is required for a non- prescribed medicine to be administered in exceptional cases.

Emergency Procedures

Staff should not take a child to hospital in their car; an ambulance should be called.

All staff should know how to call emergency services. A member of staff should accompany a child to the hospital and stay until the parent arrives.

The role of the Head teacher

It is the responsibility of the headteacher to implement the school policy on administering medicines, and to ensure that all parents and staff (both teaching and non-teaching) are aware of the school policy, and procedures to deal with children with medical needs.

The Head teacher -

- Will agree with the parents what support can be provided.
- Will decide if a non- prescribed medicine will be administered.
- Will seek advice from the school nurse, or doctor or a child's GP or other medical advisor as appropriate.
- Ensures that all staff, including lunchtime staff, receive sufficient training to be equipped to deal with children with medical needs. .
- Reports to the governing body about the effectiveness of the policy on request

The role of the teacher and support staff

Staff have a duty of care to act like any reasonably prudent parent. In exceptional circumstances the duty of care could lead to administering medicine and/or taking action in an emergency.

Staff who Agree to Administer Medicine -

Will give a child medicine only with their parent's written consent.

Each time will check:

- The child's name
- The prescribed dose and method of administration.
- Expiry date
- Written instructions by the prescriber on the label or container
- Will administer medicines in accordance with the prescriber's instructions.
- Will check that any details provided by the parents are consistent with the instructions on the container.
- Will be aware of possible side effects and what to do if they occur.
- Will only give a non prescribed medicine to a child when there is a specific prior written permission from the parents. N.B. medicines containing aspirin or ibuprofen should never be given unless prescribed by a doctor.
- Will record all administering of medicines, including non- prescribed medicines on Form 5 or 6.
- Will record if a child refuses to take a medicine and contact the parent.
- Will discuss any concerns with the parents.
- Will contact the parents of a child who is not well enough to be in school.
- Identified staff will ensure that controlled drugs are kept in a lockable, non portable container (the school safe) and maintain a record for audit and safety purposes.
- Will return any controlled drug to the parent when no longer required (parent to collect)
- Identified staff will take any medicine not collected by parents to the pharmacy for safe disposal at the end of every term.
- Will consider whether a risk assessment is necessary for some children (e.g. for sporting activities) and be aware of relevant medical conditions and any preventative medicine that may be needed to be taken and emergency procedures.
- Identified members of staff routinely attend training, which equips them to administer medicines and to follow school policy and procedures with regard to dealing with children with medical needs.

The role of parents and carers

- Should provide full information about their child's medical needs, including details on medicines their child needs.
- Should provide details of any changes to the prescription or support required.
- Should develop a health care plan where necessary with the school and relevant health professionals.
- Will keep their child at home when s/he is acutely unwell.
- Should only send medicines to school when essential - where it would be detrimental to the child's health if it were not administered during the school day
- Will complete the relevant form to give written consent for any medicine to be taken in school.
- Will obtain the headteacher's agreement for any non- prescribed medicine to be administered.
- Are encouraged to ask the prescriber to prescribe in doses that can be taken out of school hours. It should be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.
- Will provide medicines in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.
- Will collect medicines held in school at the end of each term.
- Are responsible for arranging the safe disposal of the medicine when no longer required.
- Have a responsibility to support the school's administering of medicines policy.

The role of pupils

- Where able, to take responsibility to manage their own medicines.
- Where it has been agreed, should keep any controlled drug that has been prescribed in their possession. It is an offence to pass it to another child for use.

The role of governors

The governing body has general responsibility for this policy and take account of the views of the headteacher, staff and parents in developing this policy.

Monitoring and review

This policy is monitored by the governing body and will be reviewed every two years or before if necessary.