



Southcote Primary School
Administration of Medicines

In accordance with 'Managing Medicines in Schools and Early Years Setting' (published by Department for Education and Skills and Department of Health) March 2005: THE SCHOOL WILL ONLY ACCEPT MEDICINES THAT HAVE BEEN PRESCRIBED BY A DOCTOR, DENTIST, NURSE PRESCRIBER OR PHARMASIST PRESCRIBER. MEDICINES MUST

- BE IN THE ORIGINAL CONTAINER (as dispensed by the pharmacist)
- INCLUDE NAME OF PERSON TO RECEIVE MEDICINE, INSTRUCTIONS FOR ADMINISTRATION AND DOSSAGE.

At Southcote we recognise that positive responses by the school to a child's medical needs will not only benefit the child directly, but can also positively influence the attitude of their peers.

Aims:

- To ensure there are robust systems in place so that medicines are managed safely
- To enable regular attendance
- To ensure children with medical needs, as set out in the Disability Discrimination Act (DDA 2005), are protected from discrimination and all reasonable adjustments made
- To ensure children with medical needs have the same rights of admission as other children and the same opportunities to participate in the wider life of the school such as school trips.

Policy in practice

'Children with medical needs' range from:

- Children finishing a course of medicine for example antibiotics (see responsibility of parents bullet point 2)
- Children who require medicines, on a long term basis, to keep them well for example to control epilepsy or cystic fibrosis
- Children who require medicines in particular circumstances such as children with severe allergies who need an adrenaline injection; children with asthma who may need an inhaler

Identification of children with complex health needs

- Parents should inform the school on first enquiring about a place. The Head will then arrange to meet with the parent to explore how the child's needs may be best met and seek further advice from health professionals if required. (Head may delegate to member of Senior Leadership Team)

- Details of complex health needs may come to light when making a home visit. In this case the key person will reassure the parent that we will do our best to meet needs and arrange for a meeting with Head to see how this could happen.
- All children with complex health issues are on the medical alert boards in school to ensure all staff are aware of their needs.

Administering prescribed medicine

- Parents must hand any medicine to a member of the office staff
- Staff will only accept prescribed medicine in the original container it was dispensed in.
- Staff will only give the dose stated on the dispensary label and will not make changes even on parental instructions
- Parents must give written agreement prior to any medicine being given to a child (appendix 3). *It only requires one parent to agree to a request that medicines are administered. Where parents disagree over medical support the school will continue to administer the medicine in line with the consent given and in accordance with the prescribers instructions.*
- Where possible, and appropriate, the medicine will be administered by the office or where appropriate Breakfast/After School staff
- Prior to giving medicine the member of staff must check
 - Child's name
 - Prescribed dose
 - Expiry date (If expired DO NOT give but contact parent immediately and explain)
- A written record of medicine administered must be made and kept – showing medicine given, dose, time, by whom.
- If a child refuses to take medicine, staff should not force them to do so but note this and inform parents as soon as possible or take action as agreed on Health Plan

Controlled Drugs

- The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations (see Annex A). Some may be prescribed as medicine for use by children, e.g. methylphenidate.
- Any member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.
- It is permissible for school to look after a controlled drug, where it is agreed that it will be administered to the child for whom it has been prescribed.
- A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal (by returning the unwanted supply to the local pharmacy). If this is not possible, it should be returned to a dispensing pharmacist (details should be on the label) or the school nurse.

Storage of medicines

- Medicines must be stored in the original container in which they were dispensed
- Medicines will be stored in accordance with product instructions with particular reference to temperature
- Medicines that need to be refrigerated will be stored in the Office refrigerator.
- All medicines (including controlled drugs) will be stored in the school office.
- Emergency medicines such as asthma inhalers and adrenaline pens must not be locked away. Adrenaline pens will be stored in a plastic wallet/bag with the child's name and photograph on in the office and one in the child's classroom. In-halers are stored in the school office, together with a spacer if required.
- Controlled drugs will be kept in a locked cupboard and only office staff and Head Teacher will have access.

Support for children

- The school will ensure that managing the administration of medicines and supporting any child with more complex needs is part of their accessibility planning duties.

Health Care Plan

The purpose of an individual Health Care Plan is to identify level of support needed. Not all children with medical needs will require an individual plan

- An individual plan should clarify
 - For parents, staff and child what help/systems will be put in place
 - When medicines are to be administered
 - What to do in an emergency
- The plan will be completed by parents and in consultation with health professionals where necessary.

Risk Assessment

- The SLT will ensure that when managing medicines and medical conditions an assessment of risk will be carried out identifying risks to child, risks to staff and risks to others and note measures put in place to manage identified risks.

Emergency Procedures

- As part of induction all staff should be made aware of how to call the emergency services. Check sheet is displayed next to all telephones.
- In the event of an emergency the person becoming aware of the incident is responsible for ensuring that the emergency services are contacted.
- Ambulances will be called if it is felt appropriate.
- A staff member, preferably an adult the child knows well, will accompany the child to hospital and remain with the child until a parent arrives (health professionals are responsible for any decision on medical treatment when parents are not available)

Responsibilities

Staff:

- have a common law duty of care to act like any reasonably prudent parent. Staff need to make sure that children are healthy and safe. The school recognises that in medical circumstances the duty of care could extend to administering medicine and/or taking action in an emergency. This duty also extends to staff leading activities taking place off site, such as visits, outings or field trips.
- Should make themselves aware of the likelihood of an emergency arising and what action to take if one occurs

Head Teacher

- The Head recognises that there is no legal duty for staff to administer medicines unless part of their contract of employment, however it is the responsibility of each member of staff to inform the head if they are not willing to administer medicine or a specific medication
- Will ensure staff managing medicines have appropriate training and support from health professionals where necessary
- Will make sure parents and staff are aware of the policy and procedures for dealing with medical needs

Parents:

- Have the prime responsibility for their child's health and should provide the school with information about their child's medical condition and keep the school informed of any changes in health
- Should only take medicines to school when it is essential; that is when it would be detrimental to a child's health if the medicine were not administered. Where clinically appropriate, it is helpful if parents talk to the prescriber about doses and frequencies that would result in medicines being taken out of school hours.
- Should regularly (minimum termly) check medication kept at school is in-date
- Will remove expired medicines from the school and arrange for their safe disposal
- Will remove medicines from the school when their child no longer required the medication or no longer attends the school.

Signed	L Telling	HEADTEACHER
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Date	December 2014
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Ratified by Governors	9 th December 2014
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