



Loughton School

Managing Medicines in School Policy

1. Introduction

A clear managing medicines policy in Loughton School is essential to provide a sound basis for ensuring that children with medical needs receive the proper care and support in our school or on a visit.

2. Aims of the policy

- To ensure that children can regularly attend school.
- To ensure that systems and procedures for administering medicines are in place.
- To provide clarity as to our systems and procedures to all staff, parents and children.

3. Prescribed Medicines (Including Controlled Drugs)

Medicines should only be taken to school when essential; that it would be detrimental to a child's health if the medicine were not administered during the school day. **Medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber will only be accepted.** Over the counter medicines will be administered in exceptional circumstances at the headteacher's discretion. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

We will not accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents should be encouraged to ask the prescriber about this. **It is to 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.**

The Medicines Standard of the National Service Framework (NSF) for Children recommends that a range of options are explored including:

- Prescribers consider the use of medicines which need to be administered only once or twice a day (where appropriate) for children and young people so that they can be taken outside school hours.
- Prescribers consider providing two prescriptions, where appropriate and practicable, for a child's medicine: one for home and one for use in the school or setting, avoiding the need for repackaging or relabeling of medicines by parents.

Staff must not give a prescribed medicine to a child unless specific permission from parents. Parents must complete an 'agreement for administering medicines' (See Annex A).

4. Non-Prescribed Medicines

Over the counter medicines, (e.g. hay fever treatments, cough/cold remedies) will only be accepted in exceptional circumstances, and will be treated in the same way as prescription medicine.

The parent/carer must clearly label the container with the child's name, class, dose and timing of administration, and complete/sign the consent form as per prescription medication.

Staff will confirm that this has been administered in the past, and that parents confirm in writing.

The use of non-prescription medication should be limited to 24/48 hours (except for seasonal conditions such as hayfever). If symptoms persist, parents should seek medical advice.

5. Controlled Drugs

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medication for use by children.

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.

A child who has been prescribed a controlled drug may legally have it in their possession. It is permissible for the 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.

Controlled drugs are locked in a non-portable container and only named staff should have access. A record should be kept for audit and safety purposes.

A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal. If this is not possible, it should be returned to the dispensing pharmacist (details should be on the label).

Misuse of a controlled drug, such as passing it to another child for use, is an offence. Loughton School has a policy in place for dealing with drug misuse. (See Drugs Policy)

6. Administering of Medicines

Staff must not give a non-prescribed medicine to a child unless specific prior permission from the parents. Parents must complete an 'agreement for administering medicines' (See Appendix B).

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

Teachers and Teaching Assistants will administer the medicine. Where a medicine is administered to a child it should be recorded on the 'Record of medicines administered to all children' or Record of medicines administered to an individual child (See Appendix B & C respectively).

If a child suffers regularly from frequent or acute pain the parents need to refer the matter to the child's G.P.

7. Administering Medicine

Staff giving medicine should check:

- the child's name;
- prescribed dose;
- expiry date;
- Written instruction 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.

8. Short-Term Medical Needs

Many children will need to take medicines during the day at some time during their time at school. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent. However, such medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the school day.

9. Long-Term Medical Needs

It is important to have 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 schools will need 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. If appropriate a written health care plan for such children will be drafted involving the parents and relevant health professionals. (See Appendix D)

10. Self-Administering

No children may carry, and administer their own medicine unless specific approval has been given by the headteacher. If children take their own medicines, staff will supervise, Parents will complete an agreement form that permits a child to carry his/her own medicine (See Appendix E).

In the case of children who suffer from asthma, refer to the Asthma Policy for guidance.

11. Refusing Medicine

If a child refuses to take medicine, staff should not force them to do so. This should be noted in the records and parents informed of the refusal immediately. If refusal to take medicine results in an emergency the emergency ambulance service will be contacted.

12. Record Keeping

Staff should check details provided by parents (Parental Agreement for School to administer medicine) are consistent with instructions on the container. Staff should complete Record of Medicine Administered to all children or an individual child (Appendix B & C)

13. Educational Visit

The school will make every reasonable effort to enable children with medical needs to participate fully and safely on a visit. It may be necessary to carry out a risk assessment for such children.

The above practice for administering medicines applies to all visits.

If there are concerns about whether the school can provide for a child's safety or the safety of other children on a visit, the views of parents and advice from the school health service and of the child's G.P. will be sought. (See Health and Safety of Pupils on an Educational Visit: a good practice guide DofE 1988). A copy of any health care plans should be taken on visits in the event of the information needed in an emergency.

14. Sporting Activity

Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in ways appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

15. Roles and Responsibilities

15.1 Introduction

It is important that responsibility for child safety is clearly defined and that each person involved with children with medical needs is aware of what is expected of them. Close co-operation between school, parents, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.

15.1.1 Parents and Carers

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 baby sitters, child minders, nannies and school staff.

It only requires one parent to agree to 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.

It is important that professionals understand who has parental responsibility for a child. The Children Act 1989 introduced the concept of parental responsibility. The Act uses the phrase "parental responsibility" to sum up the collection of rights, duties, powers, responsibilities and authority that a parent has by law in respect of a child. In the event of family breakdown, such as separation or divorce, both parents will normally retain parental responsibility for the child and the duty on both parents to continue to play a full part in the child's upbringing will not diminish. In relation to unmarried parents, only the mother will have parental responsibility unless the father has acquired it in accordance with the Children Act 1989. Where a court makes a residence order in favour of a person who is not a parent of the child, for example a grandparent, that person will have parental responsibility for the child for the duration of the Order.

If a child is 'looked after' by a Local Authority, the child may either be on a care order or be voluntarily accommodated. A Care Order places a child in the care of a Local Authority and gives the Local Authority parental responsibility for the child. The Local Authority will have the power to determine the extent to which this responsibility will continue to be shared with the parents. A Local Authority may also accommodate a child under voluntary arrangements with the child's parents. In these circumstances the parents will retain parental responsibility acting so far as possible as partners of the Local Authority. Where a child is looked after by a Local Authority day-to-day responsibility may be with foster parents, residential care workers or guardians.

Parents should be given the opportunity to provide the head with sufficient information about their child's medical needs if treatment or special care needed. They should, jointly with the head teacher, reach agreement on the school's role in supporting their child's medical needs, in accordance with the employer's policy. Ideally, the head teacher should 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.

Some parents may have difficulty understanding or supporting their child's medical condition themselves. Local health services can often provide additional assistance in these circumstances.

15.1.2 Governing Body

The governing body has general responsibility for all of the school's policies.

15.1.3 Headteacher

The headteacher is responsible for putting the policy into practice and for developing detailed procedures. Day to day decisions will normally fall to the headteacher or to whosoever they delegate this to, as set out in their policy.

The school **will** ensure that staff receives proper support and training where necessary. The headteacher will agree when and how such training takes place.

The headteacher will ensure that all parents and all staff are aware of the policy and procedures for dealing with medical needs. The headteacher will also ensure that the appropriate systems for information sharing are followed.

For a child with medical needs, the head will need to agree with the parents exactly what support can be provided. Where parents' expectations appear unreasonable, the headteacher should seek advice from the school nurse or doctor, the child's GP or other medical advisers and, if appropriate, the governors.

15.1.4 Teachers and Other Staff

Some staff may be naturally concerned for the health and safety of a child with a medical condition, particularly if it is potentially life threatening. Staff with children with medical needs in their class or group will be informed about the nature of the condition, and when and where the children may need extra attention. The child's parents and health professionals should provide this information.

All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs. Back up cover should be arranged for when the member of staff responsible is absent or unavailable. At different times of the day other staff may be responsible for children, such as lunchtime supervisors. The school will ensure that they are also provided with training and advice.

Many voluntary organisations specialising in particular medical conditions provide contact details.

Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. The school will ensure that they have sufficient members of support staff who are employed and appropriately trained to manage medicines as part of their duties.

Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child should have appropriate training and guidance. They should also be aware of possible side effects of the medicines and what to do if they occur. The type of training necessary will depend on the individual case. A record of staff training will be maintained.

16. Dealing with Medicines Safely

All medicines may be harmful to anyone for whom they are not appropriate. Care must be taken at all times that the risks to the health of others are properly controlled.

17. Storing Medicines

Large volumes of medicines should not be stored. Staff should 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 is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. This should be easy if 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.

Children should know where their own medicines are stored and who holds the key. The head teacher is responsible for making sure that medicines are stored safely. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away. Children carry their own inhalers. Other non-emergency medicines should generally be kept in a secure place not accessible to children.

18. Access to Medicines

Children need to have immediate access to their medicines when required. The school will make special access arrangements for emergency medicines that it keeps. It is also important to make sure that medicines are only accessible to those for whom they are prescribed. For this reason, Epi-pens are stored in an unlocked marked in the medical room. All other medicines will be locked in the wall cabinet in the Medical Room.

19. Disposal of Medicines

Staff should not dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term. If parents do not collect all medicines, they should be taken to a local pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.

20. Hygiene and Infection Control

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff must wear protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

Covid 19 precautions must be kept when dealing with any medical procedure or administration of medicine. Staff should wear a mask and wash hands frequently.

Area used should be cleaned and sanitised after each use, paying particular attention to door handles and cupboard doors and any area that may have been touched. Windows should be left open to ensure good ventilation.

21. Emergency Procedures

As part of general risk management processes all schools and settings should have arrangements in place for dealing with emergency situations. This could be part of the school's first aid policy and provision. Other children should know what to do in the event of an emergency, such as telling a member of staff. All staff should know how to call the emergency services. All staff should also know who is responsible for carrying out emergency procedures in the event of need. A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Staff should avoid taking 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 of their role.

Appendix A	Parental Agreement to school to administer prescribed medication
Appendix B	Parental Agreement to school to administer non-prescribed medicine
Appendix C	Record of Medicine administered to all children
Appendix D	Record of Medicine administered to an individual child
Appendix E	Individual Health and Care Plan
Appendix F	Medical Room Guidance

References: Managing Medicines in School and Early Years Settings DofE 2007
[Supporting pupils at school with medical conditions](#) 2015

Appendix A

Loughton School

Parental agreement for school to administer prescribed medicine

The school will not give your child medicine unless you complete and sign this form.

Name of Child _____

Date of Birth _____

HB _____

Medical Condition/Illness _____

Medicine

Name/Type of Medicine
(as described on the container) _____

Date Dispensed _____

Expiry Date _____

Agreed review date to
be initiated by _____

Dosage and method _____

Frequency _____

Special Precautions
Are there any side-effects
that the school needs to
know about? _____

Self- administration YES / NO *(delete as appropriate)*

Procedures to take in an
emergency _____

Contact Details

Name _____

Daytime telephone No _____

I understand that this is a service that the school is not obliged to undertake.

I understand that I must notify the school of any changes in writing, if here is any change in dosage or frequency of the medication or the medicine is stopped.

Signed _____ Date _____

Headteacher agreement to administer medicine

It is agreed that *(Name of Child)* _____ will receive the medicine as stated above.

He/She will be supervised whilst he/she takes their medication by a member of staff.

This arrangement will continue until either the end day of course of medicine or until instructed by parents.

Signed _____

APPENDIX B

Loughton School

Parental agreement for school to administer non-prescribed medicine

The school will not give your child over the counter medicine unless you complete and sign this form.

Name of Child _____

Date of Birth _____

HB _____

Medical Condition/Illness _____

Medicine

Name/Type of Medicine
(as described on the container) _____

Date Dispensed _____

Expiry Date _____

Agreed review date to
be initiated by _____

Dosage and method _____

Frequency _____

Are there any side-effects
that the school needs to
know about? _____

Self-administration YES / NO *(delete as appropriate)*

Procedures to take in an
emergency _____

Contact Details

Name _____

Daytime telephone No _____

I understand that this is a service that the school is not obliged to undertake.

I confirm that my child has taken this medication before and not had any adverse side-effects.

I understand that I must notify the school of any changes in writing, if here is any change in dosage or frequency of the medication or the medicine is stopped.

Signed _____ Date _____

Headteacher agreement to administer medicine

It is agreed that *(Name of Child)* _____ will receive the medicine as stated above.

He/She will be supervised whilst he/she takes their medication by a member of staff.

This arrangement will continue until either the end day of course of medicine or until instructed by parents.

Signed _____

APPENDIX C

Loughton School

Record of Medicines administered to all Children

Date	Child's Name	Time	Name of Medicine	Dose Given	Any reactions	Signature of staff	Print Name

APPENDIX E

**Loughton School
Individual Medical and Health Care Plan**

Child's Name _____

HB _____

Date of Birth _____

Child's Address _____


Medical Diagnosis or condition _____


Date _____

Review Date _____

Family Contact Information


Name _____

 **Work** _____

 **Home** _____

 **Mobile** _____

Name _____

 **Work** _____

 **Home** _____

 **Mobile** _____

Clinic/Hospital Contact

Name _____

 _____

**G.P.
Name** _____

 _____

Describe Medical Needs and give details of child's symptoms

Daily Care requirements (e.g. before sport/at lunchtime)

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

Follow up care

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

Extra Information

Appendix F

Loughton School

Guidance Notes for Medical Room

- 1 No children to be in medical room unsupervised by a member of staff.

- 2 When dealing with an injury on a sensitive area of the body ensure that:
 - The child consents to you treating them.
 - Either another member of staff is present or another member of staff is aware of what you need to do.
 - The door is shut to ensure privacy for the child and the 'occupied' penguin is hung on the door. This ensures that no children walk in and other members of staff knock before entering/enter discretely.
 - If the injury is on a very sensitive body area or if the child is not happy with you treating them then consider calling the parent. Older children may be happy to go to the toilet and self-examine.

Loughton School

MANAGING MEDICINES POLICY – Notes for Teachers & Teaching Assistants

Aims of the policy

- To ensure that children can regularly attend school.
- To ensure that systems and procedures for administering medicines are in place.
- To provide clarity as to our systems and procedures to all staff, parents and children.

- Normally medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber will only be accepted. However, if parents make a request to the school to administer non-prescribed medicine, the head teacher/deputy head teacher will consider each request individually.

- We should never accept medicines that have been taken out of the container as originally dispensed, nor make changes to dosages on parental instructions.

- Parents should be encouraged to administer medicine in such a way so that school should only have to administer medicine once during the school day.

- Staff must not give medicine to a child unless given specific permission from parents. Parents must complete an 'agreement for administering medicines'.

- An 'agreement for administering medicines' must be completed before medicine is administered.

- Staff will administer the medicine. Where a medicine is administered to a child it should be recorded on the 'Record of medicines administered to all children' or Record of medicines administered to an individual child.

- Staff giving medicine should check:
 - the child's name
 - prescribed dose
 - expiry date
 - written instruction 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, or with a health professional attached to the school or setting.

- No children may carry, and administer their own medicine unless specific approval has been given by the head teacher. If children take their own medicines, staff will supervise, Parents will complete an agreement form that permits a child to carry his/her own medicine. In the case of children who suffer from asthma, refer to the Asthma Policy for guidance.
- If a child refuses to take medicine, staff should not force them to do so. This should be noted in the records and parents informed of the refusal immediately. If refusal to take medicine results in an emergency the emergency ambulance service will be contacted.

- **Educational Visit:** The school will make every reasonable effort to enable children with medical needs to participate fully and safely on a visit. It may be necessary to carry out a risk assessment for such children. The above practice for administering medicines applies to all visits.

- **Sporting Activity:** Most children with medical conditions can participate in physical activities and extra-curricular sport. There should be sufficient flexibility for all children to follow in way appropriate to their own abilities. For many, physical activity can benefit their overall social, mental and physical health and well-being. Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

- Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child should have appropriate training and guidance. They should also be aware of possible side-effects of the medicines and what to do if they occur. The type of training necessary will depend on the individual case. A record of staff training will be maintained.
- **Storing Medicines:** Large volumes of medicines should not be stored. Staff should 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 is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration. This should be easy if 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.

All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away. Children carry their own inhalers. Other non-emergency medicines should generally be kept in a secure place not accessible to children.

- **Access to Medicines:** Children need to have immediate access to their medicines when required. The school will make special access arrangements for emergency medicines that it keeps. It is also important to make sure that medicines are only accessible to those for whom they are prescribed. For this reason, Epi-pens and Hypo-stops are stored in an unlocked marked in the Medical Room. All other medicines will be locked in the wall cabinet in the Medical Room.