**Holy Cross Catholic Primary School**



**Managing Medicines Policy**

**Managing Medicines in Schools**

A clear policy understood and accepted by staff, parents and children provide a sound basis for ensuring that children with medical needs receive proper care and support in a school.

Annually and on admission all parents/carers have to provide full information about their child’s medical needs. This information is collated by the school’s administration officer, stored centrally and distributed to staff.

This information includes details of;

* any medical conditions
* medicines their child needs
* allergies etc.

# Procedures for children taking medicines in school

We realise that we want healthy children in school as frequently as possible. Our medicines policy is designed to support this objective.

When this is not possible, the Medicines Standard of the National Service Framework for Children recommends that prescribers consider providing two prescriptions, where appropriate and practicable, for a child’s medicine; one for home and one for use in school, avoiding the need for repackaging or relabelling of medicines by parents.

**Medicines should only be taken to school when consent has been given by a parent/carer.**

1. Medicines can only be taken where it would be detrimental to a child’s health if the medicine were not administered during the school day.
2. Schools should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber.
3. MEDICINES SHOULD ALWAYS BE PROVIDED IN THE ORIGINAL CONTAINER AS DISPENSED BY A PHARMACIST, AND INCLUDE THE PRESCRIBER’S INSTRUCTIONS FOR ADMINISTRATION.
4. Schools must never accept medicines that have been taken out of the container as originally dispensed, nor make changes to dosages on parental instructions.

**IF THESE PROCEDURES ARE NOT IN PLACE, MEDICINES CANNOT BE TAKEN IN SCHOOL.**

# Roles and Responsibilities of Staff Managing the Administration of Medicines

Our school has a policy that only senior leadership team members or trained first aiders can administer medicines. The school office will co-ordinate the administration of any medication for a child. This list is updated in the school’s Health and Safety Policy on an annual basis. It will also be displayed in the first aid room.

No child under 16 should be given medicines without their written parent’s/carer’s consent. This should be recorded on the Parental Consent Form which can be obtained at the School Office. Any member of staff giving medicines to a child should check:-

* The child’s name;
* The prescribed dose;
* The expiry date;
* Written instructions provided by the prescriber on the label or container.
* That the permission form is included with the medication.

It is good practice that a member of staff is nominated to administer medicine to a particular child. However, that may not always be possible due to absences/part time working hours/supervision duties etc.

If staff have any concerns relation the administering medicine to a particular child, the issue should be discussed with the parent, or with a health professional attached to the school.

**Parental COnsent Form should be stored with medication file in the office**

# Procedures for Managing Prescription Medicines on Trips and Outings

Schools must consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This may include a risk assessment.

Sometimes additional safety measures may need to be taken for outside visits e.g. an additional volunteer / accompanying parent. Staff supervising excursions should always be aware of any medical needs and relevant emergency procedures. A copy of the appropriate health care plans (if appropriate) should be taken on visits.

**Staff must ensure that if they are taking any medication on a school trip that they seek advice and permission for a member of the school’s leadership team.**

# Parental Responsibilities in Respect of Their Child’s Medical Needs

Parents should tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. Staff should make sure that this information is the same as that provided by the prescriber.

Parents should be given a parental consent form to record details of medicines in a standard format. Staff should check that any details provided by parents, or in particular cases by a paediatrician or specialist nurse, are consistent with the instructions on the container. **This duty will be undertaken by the school office.**

# Circumstances in Which Children May Take Any Non Prescription Medicines

Staff should NEVER give a non-prescribed medicine to a child unless there is specific prior written permission from the parents and full agreement of the head teacher. **Where the head teacher agrees to administer a non prescribed medicine it MUST be recorded and the parents informed**. If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child’s GP.

A CHILD UNDER 16 SHOULD NEVER BE GIVEN ASPIRIN OR MEDICINES CONTAINING IBUPROFEN UNLESS PRESCRIBED BY A DOCTOR.

**If a medical concern arises, a member of staff must inform parents and if necessary emergency services. We must never administer medication that is not prescribed or does not have parental consent.**

# The Policy on Assisting Children With Long Term or Complex 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 a school setting.

Schools need to know about any particular needs before a child is admitted to the school, or when a child first develops a medical need. Children in this situation must have a written health care plan, involving the parents and relevant health professionals.

**Examples may include asthma, severe allergies, diabetes etc. In this case a health care plan should be written.**

# Children Taking 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. The age at which children are ready to take care of, and be responsible for, their own medicines varies.

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. Where children have been prescribed controlled drugs, staff need to be aware that these should be kept safely (in the medical room). Children can access them when needed, for self medication.

If children are diabetic or asthmatic their medication will be recorded in the first aid room to ensure adequate supervision and monitoring.

# Staff Training in Dealing With Medical Needs

A health care plan may reveal the need for some staff to have further information about a medical condition or specific training in administering a particular type of medicine, or in dealing with emergencies. Staff should not give medicines without appropriate training from health professionals.

**Regular training should be provided on;**

* Epipens
* Asthma management
* Relevant training if required (e.g. diabetes management)

This training can be arranged with the school nurse.

# Record Keeping

Parents should be given the parental consent form to record details of medicines in a standard. A copy should be forwarded to the class teacher for their information.

All records are kept in the pupil files in the main school office.

# Safe Storage of Medicines

Medicines should be stored in accordance with the product instructions (paying particular attention to the temperature), and in the original dispensed container.

Children should know where medicines are stored safely. Emergency medicines such as inhalers and adrenaline pens should be readily available for use.

All medicines are stored in the office on both receptions with children’s names clearly labelled.

Inhalers are stored in labelled boxes in the child’s classroom.

Epipens are stored in the School Office. It is clearly signposted where the epipens are kept and each epipen is stored in a box for each individual with a label.

# Confidentiality

The head teacher and staff should always treat medical information confidentially. The head teacher should agree with the child where appropriate, or otherwise the parent, who else should have access to records and other information about a child. If information is withheld from staff they should not generally be held responsible if they act incorrectly in giving medical assistance but otherwise in good faith. In all circumstances this information should be shared with the class teacher and office manager.

# Emergency Procedure

As part of general risk management processes all schools should have arrangements in place for dealing with emergency situations. Children should know what to do in the event of an emergency, such as telling a member of staff.

Policy to be reviewed in September 2019.