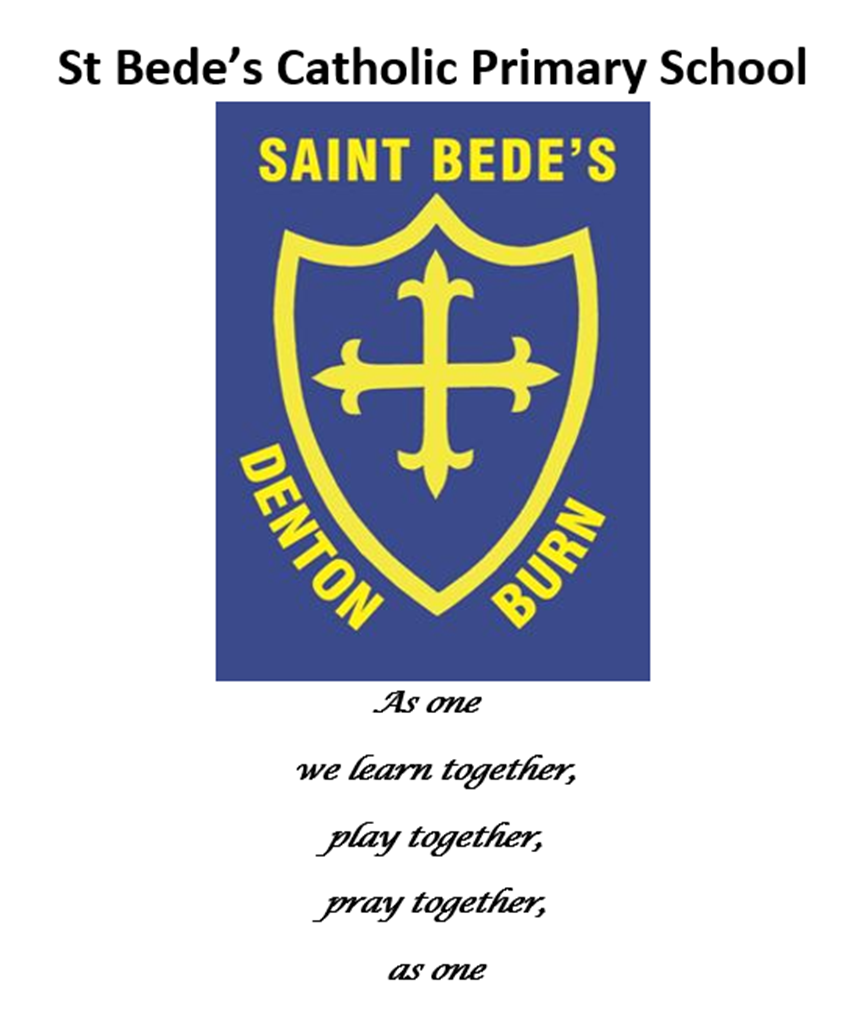
**Managing Medicines in School Policy**

Date reviewed: September 2023

Date of next review: September 2024

**Rationale:**

There is no legal or contractual duty on school staff to administer medication or supervise a child taking it. ***However, teachers and other staff in school have a common law duty to act as a reasonably prudent parent would to ensure that children are healthy and safe at school. In general, the consequences of not taking any action are likely to be more serious than those of trying to assist in an emergency.***

Medicines should only be taken into school when it would be detrimental to a child’s health if it were not administered during the school day.

**Non-Prescribed Medication**

**No child under 16 should ever be given aspirin or ibuprofen unless prescribed by a doctor.**

**The Local Authority recommends that it would not be in the school’s interest to administer any medication that is not prescribed for a child, such as paracetamol, ibuprofen or aspirin. School staff will not administer non-prescription medication. These can be obtained on prescription; therefore if a child suffers regularly from frequent or acute pain then parents should be encouraged to refer the matter to the child’s GP.**

**Prescribed Medication**

**No child will be given medication without the parent / carer’s written consent.**

**A school medication form must be completed by the parent/ carer and be handed in at the school office before any medication can be administered.**

It is the parent / carer’s responsibility to:

* Ensure the medication is in its original container or packaging
* Ensure that the medication is dated and labelled with:
* the child’s name
* the name and strength of the medication
* instructions for use
* the quantity to be taken
* the timing of the doses

Staff who receive the medication need to be satisfied with the container and labelling. They should:

* read the label carefully
* ensure the correct child’s name is stated
* ensure that they understand the instructions, including written instructions from the prescriber (this could be a doctor, dentist, nurse or pharmacist)
* check the prescribed dosage on the pharmacist’s label and the expiry date on the packaging

Each time the medication is administered or taken under supervision, staff should:

* complete and sign a record sheet
* ensure that the child has actually taken the medication

**Self-Management / Administration**

Whenever possible, it is good practice to encourage children to manage their own medication from a relatively early age. If children are able to self-administer, school staff may only need to supervise.

**Refusal to take Medication**

If a child refuses their medication, they should not be forced to take it. The school will inform the parents / carers as a matter of urgency. Appropriate recording of the refusal should be made, identifying the subsequent action taken, by whom and at what time.

**Record Keeping**

Records offer protection to staff and provide proof they have followed agreed procedures.

School will always keep a record of **all medication received**, even if they do not subsequently administer it.

**It is the responsibility of the parents/ carers to supply written information about the medication their child needs to take in school and to inform us in writing of any changes to the prescription or the administration or to the support required.**

Parents or a doctor should provide the following details as a minimum:

* Name and strength of medication
* Dosage
* Time, frequency and method of administration
* Length of treatment
* Date of issue
* Expiry date
* Possible side-effects
* Storage details
* Other treatment

**Storing Medication**

Medicines should be supplied in the original dispensed container and not re-packaged in another container. It should be labelled with:

* The name of the child
* The name and strength of the medication
* The dosage
* The time, frequency and method of administration
* The date of issue, the medication should have been dispensed within the previous three months

Medicines are stored in a locked cupboard in the school office.

Medicines which require refrigeration must be clearly labelled and will be locked in the fridge in the study room.

(All staff should know where to obtain keys to the medicine cabinet or refrigerator for emergency purposes)

Inhalers, or other immediate treatment e.g. Epi pens, are kept in the relevant classroom for easy access for the child. Children know where these are stored and can access whenever required with supervision.

**Disposal of Medication**

**School staff should not dispose of medication**. This is the responsibility of the parent / carers. Date expired medication or medication no longer required by the child should be returned to the parent/ carer. This should be done at least at the end of every term. Left over medication should not be stored over holiday periods in school.

**Individual Healthcare Plan**

Due to the nature of a child’s specific health requirements or a specific medical condition, there may be a need for an individual health care plan e.g. if a child has a long-term illness requiring constant medication. The child will have a plan drawn up which is specific to their needs. The plan will be drawn up through close liaison with the individuals who hold key information about the child (multi-agency meeting). The plan should be agreed by the various agencies who have contributed and signed by the parent / carer. Health care plans are live document, which can be altered in writing if the child’s needs change – again this should be agreed and signed.

Regular and timely reviews for health care plans must be conducted, any review arrangements must be agreed with all contributors.

A copy of the plan is securely stored and an additional copy is securely stored by the relevant staff member(s) so that they are aware of the pupils needs.

**Training**

The First Aiders have full first aid training whilst the rest of the staff have basic fist aid. If additional training is required to support a child with a specific health condition, the Headteacher is responsible for ensuring that this training is provided for the relevant staff members.

**Hygiene /Infection Control**

All staff should be aware of the basic hygiene precautions for avoiding infection, such as washing and drying hands before and after the administration of medication.

Staff have access to protective, disposable gloves and take extra care when dealing with spillages of blood or other bodily fluids and when disposing of dressings or equipment.

**Co-ordination and Dissemination of Information**

The Headteacher is responsible for obtaining parent/ carers permission to share information about a child’s medical condition with other staff members. Staff who need to deal with an emergency need to know about the child’s medical needs and the procedures to follow.

The Headteacher will make sure supply staff know about any medical needs.

**Confidentiality**

The Headteacher has responsibility for safeguarding the confidentiality of information regarding the health and medical treatment of children, and their right to privacy. Medical information will be treated in confidence, with regard to the Caldicott Report (1996), the Human Rights Act (1998) and the Data Protection Act (1998)

Agreement will be reached with the parent/ carer or the child (where appropriate) about who else should have access to information and/or records. However, if information is withheld from staff, they will not be held responsible if they act incorrectly in giving medical assistance, but acted otherwise in good faith.

**School Trips / Sporting Activities**

School will encourage children with medical needs to participate in school trips and sporting activities. Reasonable adjustments will be considered to ensure inclusion of all children.

It will be necessary to undertake a further risk assessment or take additional safety measures, particularly for outdoor visits or activities.

Staff on school trips or supervising sporting activities will be made fully aware of the medical needs of children, the procedures for administration of medication, care and intervention, and the relevant emergency procedures.

**Emergency Procedures**

All staff know how to call the emergency services. The Headteacher is responsible for ensuring that this happens.

Any child taken to hospital by ambulance will be accompanied by a member of staff, who will remain until a parent / carer arrives. Health professionals will be responsible for any decisions on medical treatment when parents are not available.

**Staff will not take children to hospital in their own car in an emergency. This can hinder emergency treatment. An ambulance will always be called.**

Appendix 1

Registered First Aiders:

Mrs Kelly Robinson-Cook (KS1 TA)

Mrs Michelle Dixon (LKS2 TA)

Miss Claire Davies (UKS2 TA)

Mrs Linzi Walton (Admin Assistant)

Mrs Leigh-anne Young (Headteacher)

**St Bede’s Catholic Primary School**

**Parental Agreement for school to administer medicine**

***The school will not give your child medicine unless you complete and sign this form and the school has a policy that the staff can administer medicine.***

|  |  |
| --- | --- |
| **Name of School** | **St Bede’s Catholic Primary** |
| **Date** |  |
| **Child’s Name** |  |
| **Class** |  |
| **Name and strength of medicine** |  |
| **Expiry date** |  |
| **Dose to be given** |  |
| **When to be given** |  |
| **Any other instructions** |  |
| **Number of tablets /quantity of medicine to be given to school** |  |

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

|  |  |
| --- | --- |
| **Daytime phone no of parent or adult contact** |  |
| **Name & phone no of GP** |  |
| **Agreed review date to be initiated by** | **(name of member of staff)** |

***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 policy.***

***I will inform the school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.***

**Parent’s signature** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Print name** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Date** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**HEALTH CARE PLAN**

|  |  |
| --- | --- |
| **Name of school** | **St Bede’s Catholic Primary** |
| **Child’s Name**  **Class** |  |
| **Date of birth** |  |
| **Child’s address** |  |
| **Medical diagnosis or condition** |  |
| **Date** |  |
| **Review date** |  |
| **Family contact information** |  |
| **1) Name**  **Contact Tel Nos** |  |
| **2) Name**  **Contact Tel Nos** |  |
| **Clinic/hospital contact**  **Contact no** |  |
| **GP**  **Contact no** |  |

**Describe medical needs and give details of child’s symptoms**

**Daily care requirements ( eg. Before sports / 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)**

**Form copied to**