

Policy for **Managing Medicines**

Updated : February 2021

Introduction

Malin Bridge Primary School is committed to reducing any possible barriers to learning for pupils with medical needs. This policy sets out the steps which the school will take to ensure full access to learning for all its children who have medical needs and are able to attend school. It is based on the model policy issued by Sheffield LA and the paragraph numbers refer to the DfE publication 'Supporting pupils at school with medical conditions'.

1. Managing prescription medicines which need to be taken during the school day

- Parents/carers should provide full *written information* about their child's medical needs.
- Short-term prescription requirements;
Parents/carers should bring any medicines into school and leave them with a member of the office team.
Where medication is required for eight days or more, the school will ask parents/carers to complete a Form 2 Health Care Plan.
Where medication is required for less than eight days parents/carers need to complete a Form 3 Parental Agreement Form.
Both forms can be obtained from the school office, and parents/carers should discuss their child's needs and return these forms to a member of the Office Team.

Historically school would can only administer medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber and are as originally dispensed. In September 2020 The British Medical Association (BMA) provided guidance for GPs as detailed below.

- *Non-prescription or over-the-counter medication does not need a GP signature or authorisation in order for a school, nursery or childminder to give it.*
- *It is a misuse of GP time to take up an appointment to get a prescription just to satisfy the needs of a nursery or school.*
- *It is appropriate for over-the-counter medicines to be administered by a member of staff in the nursery or school, or self-administered by the pupil during school hours, following written permission by the parents.*
- In response to this guidance over the counter pain medicine and allergy relief, (Paracetamol, Ibuprofen, Anti-histamines) **can be** administered for less than 8 consecutive days. We will not give pain relief medication to relieve cold and flu symptoms as this can disguise a high temperature.
- It is the parents/carers responsibility to determine the suitability of any non-prescribed medicines. A Form 3 Parental Agreement Form must be completed with the time the last dosage was given. The form will have an agreed end date of up to 8 consecutive

days. At the end of this period the medicine must be collected from the office by an adult otherwise it will be destroyed.

- If your child needs antibiotics it is often possible to organise the doses so that they can be taken before and after school (e.g. in three doses or fewer each day). If the prescribed doses require one to be taken in the school day, contact the Office Team to complete either Form 3 (up to 8 consecutive days) or Form 2 (8 days and beyond). As antibiotics can be prescribed for up to 14 days, the correct form must be completed to cover the prescribed period of time
- The school will **not** accept medicines that have been taken out of the container as originally dispensed, nor make changes to prescribed dosages as shown on the container . The school will not exceed the maximum recommended dosage of over the counter medicines as recorded on the container or enclosed leaflet.
- Some medicines prescribed for children (e.g. methylphenidate, known as Ritalin) are controlled by the Misuse of Drugs Act. Members of staff are authorised to administer a controlled drug, in accordance with the prescriber's instructions. A child may legally have a prescribed controlled drug in their possession. The school will keep controlled drugs in a locked non-portable container, to which only named staff will have access. A record of access to the container will be kept. Misuse of a controlled drug is an offence, and will be dealt with under the school's behaviour policy.

2. Procedures for managing prescription medicines on trips and during sporting activities

- The school will consider what reasonable adjustments might be made to enable children with medical needs to participate fully and safely on visits. This may extend to reviewing and revising the visits policy and procedures so that planning arrangements incorporate the necessary steps to include children with medical needs. It might also incorporate risk assessments for such children.
- If staff are concerned about how they can best provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP. Please refer to the DfE guidance on planning educational visits.
- The school will support children wherever possible in participating in physical activities and extra-curricular sport. Any restriction on a child's ability to participate in PE should be recorded on their Health Care Plan.
- Some children may need to take precautionary measures before or during exercise, and may need access, for example, to asthma inhalers. Staff supervising sporting activities will be made aware of relevant medical conditions, and will consider the need for a risk assessment to be made.
- The school must cooperate with the Local Authority in fulfilling its responsibilities regarding home to school transport. (see above). This may include giving advice regarding a child's medical needs.

3. The roles and responsibilities of staff managing administration of medicines, and for administering or supervising the administration of medicines

- Close co-operation between schools, settings, parents/carers, health professionals and other agencies will help provide a suitably supportive environment for children with medical needs.
- It is important that responsibility for child safety is clearly defined and that each person responsible for a child with medical needs is aware of what is expected of them.
- The school will always take full account of temporary, supply and peripatetic staff when informing staff of arrangements for the administration of medicines.
- The school will always designate a minimum of two people to be responsible for the administering of medicine to a child.
- Staff should never give a non-prescribed medicine to a child unless this is part of a Form 2 Individual Health Care Plan or a Form 3 Parental Agreement Form.
- If no form has been provided, a member of office staff must call the parent/carer and complete the form over the phone. The form can then be signed when they next come into school.
- Both the Form 2 Individual Healthcare Form and Form 3 Parental Agreement Form can be completed and returned through Parentmail.
- **National Guidance states: 'A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor.'**
- Any controlled drugs which have been prescribed for a child must be kept in safe custody.
- If a child refuses to take medicine, staff will not force them to do so. Staff should record the incident and follow agreed procedures (which should be set out in the policy or the child's Health Care Plan). Parents/carers will be informed of the refusal on the same day. If refusal results in an emergency, the school normal emergency procedures will be followed.
- If in doubt about a procedure, staff should not administer the medicine, but check with the parents or a health professional before taking further action.

4. Parental responsibilities in respect of their child's medical needs

- It is the parents/carers' responsibility to provide the Office Staff with sufficient written information about their child's medical needs if treatment or special care is needed
- Parents are expected to work with the Office Team to reach an agreement on the school's role in supporting their child's medical needs, in accordance with the school's policy.
- It is the parents/carers' responsibility to keep their children at home when they are acutely unwell.
- It requires only one parent/carer to agree to or request that medicines are administered to a child. It is likely that this will be the parent with whom the school has day-to-day contact.
- Both the Form 2 Individual Healthcare Plan and Form 3 Parental Agreement Form, are available on Parentmail for parents/carers to complete prior to dropping off medicine at the school office.

5. Assisting children with long-term or complex medical needs

- Where there are long-term medical needs for a child, including administration of medicine for a period of 8 days or more, a Form 2 Health Care Plan should be completed, involving both parents/carers **and** relevant health professionals.
- A Health Care Plan clarifies for staff, parents/carers and the child the help that can be provided. It is important for staff to be guided by the school nurse or the child's GP or paediatrician.
- The school will agree with parents/carers how often they should jointly review the health care plan. It is sensible to do this at least once a year, but much depends on the nature of the child's particular needs; some would need reviewing more frequently.
- The school will judge each child's needs individually as children and young people vary in their ability to cope with poor health or a particular medical condition. Plans will also take into account a pupil's age and need to take personal responsibility.
- Developing a Health Care Plan should not be onerous, although each plan will contain different levels of detail according to the needs of the individual child.
- In addition to input from the school health service, the child's GP or other health care professionals depending on the level of support the child needs, those who may need

to contribute to a health care pro forma include the:

- ⇒ Headteacher or head of setting
 - ⇒ Parent or carer
 - ⇒ Child (if appropriate)
 - ⇒ Early Years Practitioner/Class Teacher
 - ⇒ Staff who are trained to administer medicines
 - ⇒ Staff who are trained in emergency procedures
- The school will consult the DfE publication Supporting pupils at school with medical conditions when dealing with the needs of children with the following common conditions:
 - ⇒ Asthma
 - ⇒ Epilepsy
 - ⇒ Diabetes
 - ⇒ Anaphylaxis
 - Regarding epilepsy, some children may be prescribed rectal diazepam as a treatment for prolonged seizures. Staff involved must have received training from local health services. A written authorisation from the GP, Consultant or Epilepsy Specialist Nurse must have been received for each child, along with instructions for use.
 - Two adults must be present for such treatment, at least one being of the same gender as the child. The dignity of the child must be protected as far as possible.

6. Policy on children carrying and taking their prescribed medicines themselves

- Where pupils have been prescribed controlled drugs, these must be kept in safe custody. Pupils could access them for self-medication if it was agreed that this was appropriate.

7. Staff support and training in dealing with medical needs

- The school will ensure that there are sufficient members of support staff who manage medicines. This will involve participation in appropriate training.
- Any member of staff who agrees to accept responsibility for administering prescribed medicines to a child does so voluntarily and will have appropriate training and

guidance. They will also be made 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.

- Teachers' conditions of employment do not include giving or supervising a pupil taking medicines. Agreement to do so must be voluntary after consulting the Headteacher.
- The school will ensure that staff receive proper support and training where necessary, in line with the contractual duty on headteachers to ensure that their staff receive the training. The headteacher or teacher in charge of a setting will agree when and how such training takes place, in their capacity as a line manager. The head of the school or setting will make sure that all staff and parents/carers are aware of the policy and procedures for dealing with medical needs.
- Staff who have a child with medical needs in their class or group will be informed about the nature of the condition, and when and where the child may need extra attention.
- The child's parents/carers and health professionals should provide the information specified above.
- 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, such as lunchtime supervisors, may be responsible for children. They will also be provided with training and advice.

8. Record keeping

- Parents/carers should tell the school or setting about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However staff should make sure that this information is the same as that provided by the prescriber. Any change in prescription should be supported by either new directions on the packaging of medication or by a supporting letter from a medical professional.
- The school will use a Form 5 with the Form 2 Individual Healthcare Plan and Form 3 Parental Agreement Form to record the administration of medication. It is not used for medication held in classroom medical boxes, e.g. inhalers or skin creams.
- Consent forms should be given to or sent via Parentmail to parents/carers. 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.

- It is the parent/carer's responsibility to monitor when further supplies of medication are needed in the school/setting. It is not the school's /setting's responsibility.
- By accepting Form 3 Parental Agreement Form or the Form 2 Individual Healthcare Plan we confirm to the parents/carers, that a member of staff will administer medicine to their child.
- Although there is no similar legal requirement for schools to keep records of medicines given to pupils, and the staff involved, it is good practice to do so. Records offer protection to staff and proof that they have followed agreed procedures. Some schools keep a logbook for this. Form 5 provides example record sheets.

9. Safe storage of medicines

- The school will only store, supervise and administer medicine that has been received with a Form 2 or Form 3 for an individual child.
- Medicines will be stored strictly in accordance with product instructions - paying particular note to temperature and in the original container in which dispensed.
- Staff will ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine, the method and frequency of administration, the time of administration, any side effects and the expiry date.
- Where a child needs two or more prescribed medicines, each will be in a separate container.
- Non-healthcare staff will never transfer medicines from their original containers.
- Children will be informed where their own medicines are stored and who holds the key.
- All emergency medicines, such as asthma inhalers and adrenaline pens, will be readily available to children and will not be locked away.
- School allows children to carry their own inhalers.
- Other non-emergency medicines will be kept in a secure place not accessible to children.
- A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but must be in an airtight container and clearly labelled. There will be restricted access to a refrigerator holding medicines. It is acceptable for a staff room fridge to be used for storage, as long as medical items are clearly labelled.

- 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. However, it is also important to make sure that medicines are kept securely and only accessible to those for whom they are prescribed. This will be considered as part of the policy about children carrying their own medicines.

10. Disposal of Medicines

- Staff should not dispose of medicines. Parents/carers are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.
- Parents/carers should also collect medicines held at the end of each term. If parents/carers do not collect all medicines, they will be taken to a local pharmacy for safe disposal. This process should be documented.
- Sharps boxes will always be used for the disposal of needles. Collection and disposal of the boxes will be arranged with the Local Authority.

11. Hygiene and Infection Control

- All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures
- Staff will have access to protective disposable gloves and will take care when dealing with spillages of blood or other body fluids, and disposing of dressings or equipment.
- **The Education (School Premises) Regulations 1999 require every school to have a room appropriate and readily available for use for medical or dental examination and treatment and for the caring of sick or injured pupils. It must contain a washbasin and be reasonably near a water closet. It must not be teaching accommodation. If this room is used for other purposes as well as for medical accommodation, the body responsible must consider whether dual use is satisfactory or has unreasonable implications for its main purpose. The responsibility for providing these facilities in all maintained schools rests with the Local Authority.**

12. Access to the school/setting's emergency procedures

- As part of general risk management processes the school/setting must have arrangements in place for dealing with emergency situations.
- 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. Guidance on calling an ambulance is provided in Form 1.
- All staff should also know who is responsible for carrying out emergency procedures in the event of need.
- A member of staff will always accompany a child taken to hospital by ambulance, and will stay until the parent arrives
- Health professionals are responsible for any decisions on medical treatment when parents/carers are not available.
- Staff should never take children to hospital in their own car; it is safer to call an ambulance. In cases of non-life threatening injuries, a member of the Senior Leadership Team will liaise with parents/carers about the best action to take about taking their child to hospital.
- Those with responsibility at different times of day (e.g. lunchtime supervisor) will need to be very clear of their role.

13. Risk assessment and management procedures

This policy will operate within the context of the school's Health and Safety Policy.

- The school will ensure that risks to the health of others are properly controlled.
- The school will provide, where necessary, individual risk assessments for pupils or groups with medical needs.
- The school will be aware of the health and safety issues relating to dangerous substances and infection.

Annex

- Form 1:** Contacting Emergency Services
- Form 2:** Health Care Plan
- Form 3:** Parental agreement for school to administer medicine (short-term)
- Form 5:** Record of medicine administered to an individual child



Form 1 : Contacting Emergency Services



Request for an Ambulance

Dial 999, ask for ambulance and be ready with the following information

Your telephone number: 01142341379

Give your location as follows
Malin Bridge, Dykes Lane, Sheffield S6 4RH

Give exact location in the school/setting
E.g. infant yard, Junior building top corridor

Give your name

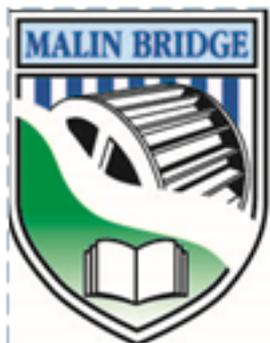
Give name of child and a brief description of child's symptoms

Give details of any medicines given or prescribed

Inform Ambulance Control of the best entrance and state that the crew
will be met and taken to

Speak clearly and slowly and be ready to repeat information if asked

Put a completed copy of this form by the telephone



Malin Bridge Primary School

Dykes Lane, Sheffield S6 4RH

Tel: 0114 2341379 Fax: 0114 2315679

E-Mail: enquiries@malinbridgesheffield.sch.uk



Medical Health Care Plan – Form 2

Children's details

Child's name: _____ Child's class: _____

Child's Date of Birth: _____

Medical diagnosis/ condition: _____

Today's date: _____ Review date: _____

Registered GP practice: _____

GP phone number: _____

Contact Information

Family contact 1

Family contact 2

Name of contact		Name of contact	
Phone no (work)		Phone no (work)	
(home)		(home)	
(mobile)		(mobile)	

Medical Health Care Plan – Form 2

Describe medical needs and give details of child's symptoms, triggers, signs, environmental issues, treatments, equipment or devices:

Name of any medication, dose, method of administration, when to be taken, any side effects, contra-indications, administered by/self-administered with/without supervision:

Describe what constitutes an emergency, and the action to take if this occurs:

Arrangements for school trips/visits etc:

Other information:

FOR OFFICE USE ONLY

Plan developed with:	
Staff training needed/ undertaken– who, what, when:	
Form copied to:	System <input type="checkbox"/> Class teacher <input type="checkbox"/> Office <input type="checkbox"/> Breakfast club <input type="checkbox"/> After school club <input type="checkbox"/>

Office checklist

Form signed and dated?

Medicine on correct packaging?

Dosage and Timing and no. of days clear?

Delivered by parent/known adult?

How many days are meds required?**FORM 3****Parental agreement for school to administer medicine (short-term)**

The school/setting will not give your child medicine unless you complete and sign this form. You are also agreeing to other appropriate employees of the Local Authority (such as Home-School transport staff) to administer medicine if authorised to do so by the school/setting.

Name of school/setting	Malin Bridge Primary School
Name of child	
Date of birth	
Group/class/form	
Medical condition or illness	
Medicine	
Name/type of medicine <i>(as described on the container)</i>	
Date dispensed	// //
Expiry date	// //
<u>Administration Start Date</u>	<u>Administration End Date</u>
Dosage and method	
Timing	
Time of last dose (if applicable)	
Special precautions	
Are there any side effects that the school/setting needs to know about?	
Self administration	Yes/No
Procedures to take in an emergency	
Contact Details	
Name	
Daytime telephone no.	
Relationship to child	
Address	
I understand that I must deliver the medicine personally to	School Office

I accept that this is a service that the school/setting is not obliged to undertake.

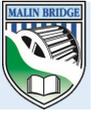
I understand that I must notify the school/setting of any changes in writing.

I understand that a non-medical professional will administer my child's medication.

Date Signature(s)



5. Record of medicine administered to an individual child



Record of medicine administered to an individual child

Name of school/setting		
Name of child		
Date medicine provided by parent/ carer		
Group/class/form		
Quantity received		
Name and strength of medicine		
Expiry date		
Quantity returned		
Dose and frequency of medicine		

Staff signature _____

Signature of parent/carer _____

Date					
Time given					
Dose given					
Name of member of staff					
Staff initials					

Date				
Time given				
Dose given				
Name of member of staff				
Staff initials				