



# Medicines Policy

St Joseph's is a **happy**, welcoming **community**, enriched by our **diversity**, where we strive to be **better than our best**.

A place where we **love** one another, love **learning**, love **Jesus** and **love life**.

## Introduction

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The purpose of this policy is to ensure that best practice is followed in school and all staff are familiar with the procedures St Joseph's RC Primary school has in place to meet the duty of care we have for all of our pupils, present and in the future. This policy has been prepared to ensure appropriate action is taken to safely administer medication to our pupils, within the guidelines issued by the LA and the legal framework laid down to cover all aspects of pupil care and medication.

The Special Educational Needs and Disabilities Act 2001 requires schools to make "reasonable adjustments" to facilitate the entry and progress of pupils with disabilities and related needs. The National Curriculum Inclusion Statement 2000 emphasises the importance of providing effective learning opportunities for all pupils and offers key principles for inclusion. Among these principles are those related to overcoming barriers to learning, which takes account of those with medical needs. Pupils with special medical needs have the same right of admission as other children and cannot be excluded from school on medical grounds alone.

Administering medications in school is a voluntary role. Staff carrying out this role will have taken the course on "Managing Medication in Schools" so they can understand the legislation and guidelines around medical issues. In addition any additional training needs identified (such as the use of epipens) will need to be met as soon as it possible. The staff currently trained to administer medications in school are:

Mrs E Archer  
Miss R Imeson  
Mrs K Proud

They are known as the Identified Persons (IP) for administering medications in our school. The Headteacher accepts responsibility for the supervision and administration of medicines and is supported in this role by the three IPs.

A parents' information leaflet is distributed annually to all parents in the autumn term of each academic year.

Unless a specific need arises to review this policy sooner it will be reviewed annually in the summer term.

## RETURNING TO SCHOOL AFTER ILLNESS/MEDICINES BEING PRESCRIBED

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To limit the spread of infection to other children or staff, our school policy is that no child should return to school until at least 48 hours have passed since the last time they vomited or had diarrhoea (if the child is suffering from an infection). If a child has been prescribed medicine they should take it at home for at least 48 hours before returning to school. This will limit the chance of an allergic reaction to the medication occurring in school and give the medication a chance to get into their system and start working.

## WHAT MEDICINES WILL WE AGREE TO ADMINISTER?

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We will only administer medication that has been prescribed by a medical practitioner and that, because of timing issues, would be impractical to administer outside of school hours. For instance if a medication must be given at 12 noon it would be acceptable for us to administer it but antibiotics that are taken three times a day could be given at home – before school, after school and before bedtime. Parents should ask their GP or medical practitioner to consider prescription regimes and alternative medications that enable pupils to take medication before and after school whenever possible. Only a small minority of pupils should need to access medication during the day.

The school insurance policy allows for administering of prescribed oral medication, medipens (following a care plan), prescribed creams, syrups and tablets. It does not allow for invasive medication and injections. If a pupil has medical needs that require invasive medications a risk assessment would need to be drawn up and guidance sought from the LA, health authority and child's parents and GP before agreeing to administer these medications.

If medicines are to be administered both at home and at school parents may need to ask their GP for a split prescription to avoid the need to decant medication into alternative containers, without the medical practitioner's specific directions being available.

## PACKAGING OF MEDICATIONS

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Medications will only be accepted in the pharmacist's original packaging, with the pharmacist's name and details clearly printed. The label should have the pupil's name, address and ideally date of birth clearly printed on it. Staff will check that medication is in date.

The Medicines Act 1968 stipulates that where a medical practitioner has prescribed medication, it must be administered in accordance with the specific instructions of that practitioner. Prescribed medications will only be accepted if full details of dosage regime and administering details are typed on the pharmacy label. Medicines will not be accepted if these details have been altered by hand. We will **not** accept prescribed medication that says "use as directed" or words to that effect. Instructions must be full and clear.

The medication supplied must contain the number of tablets, or the amount of fluid described on the label. It must not have been interfered with in any way. If the pupil needs to take the medication at home too parents should ask their GP or medical practitioner to issue a split prescription. This allows for the medication for school to be packaged separately to that for home, so allowing a clear audit trail of prescription medication to take place if needed.

If a parent asks the school to vary the dosage either in terms of the amount or the timings we will not do so. Instead the medication will be returned to the parent with a request for a new prescription to be

issued. If this means that the pupil is unable to cope in school while this takes place then the parents should keep the pupil at home for a day or two while this is resolved. This should be recorded as an authorised absence.

## **WHO WILL WE ACCEPT MEDICINES FROM?**

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Prescribed medicines will only be accepted from a parent or a known carer who parents have delegated parental responsibility to. If unsure always check. Refuse to accept medication if you are unsure of its source or purpose. Medication must never be taken directly from a pupil. When medication is brought into school the IP will check it is acceptable and ask the parent/carer to fill in a consent form to enable us to administer the medication. This form must also be signed by the IP and a witness. The Head (or Deputy Head in their absence) must also sign this form before medication can be administered.

Parents or those with parental responsibility must ensure they have supplied the school with sufficient information about the child's needs and difficulties to enable the school to make a decision about how they may help. They must also keep the school informed of any changes to treatment regimes or protocols. Parents must also ensure the school is aware of any cultural or religious beliefs that could affect the way a child is treated in an emergency situation, or in relation to their day to day medical needs.

## **STORAGE OF MEDICATION**

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To comply with the Misuse of Drugs Regulations 2001, and as a matter of good practice, all prescription medications kept on school premises will be stored in the secure, approved medicine cabinet located just off the MI room. In line with City of Sunderland guidelines keys to the cabinet will be kept securely in the MI room. They must never be left in the office.

The only exceptions to this will be emergency medications that need to be kept near the pupil and would be impractical to get quickly from the office in the event of an emergency. In our school this will cover inhalers and epipens. These may be kept in class in the teachers' cupboard so that they are not freely available to all pupils. The child concerned and staff working with them should be made aware of the location of their medicines.

Alternatively, if the teacher feels the child in their class using an inhaler is responsible enough to take care of it themselves, they may keep it either in their desk tray or coat pocket, as appropriate. They must understand it is their responsibility to take care of their inhaler, use it sensibly and ensure no other pupil uses it.

All unused medications must be returned to parents at the end of each half term. Medicines should not be stored in school over the holiday periods.

For school trips or outdoor activities epipens should be stored in a “bum bag” worn by a member of staff accompanying the pupil, or in some other easily accessible container. Inhalers can be stored in any appropriate container carried by a member of staff accompanying the pupil.

If training is required for staff to administer emergency medication it must be provided as soon as is possible. All staff should feel able to act in an emergency situation where it is better to do something than to do nothing. In such situations staff should use their best endeavours to help a child whilst ensuring that appropriate emergency assistance is sought.

These storage instructions will apply to staff as well as pupil medications.

## **THE EDUCATION (SCHOOL PREMISES) REGULATIONS 1999**

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These regulations 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 near a toilet. It should also contain a bed. The MI Room situated opposite the Nursery is designated as our medical room.

## **RECORDS OF MEDICATION**

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All medications accepted into school must be recorded in the register of medication. All dosages must be accounted for. Parents or those with parental responsibility must fill in a permission form when they bring in the medication.

A “Record Form for Individual Pupil Medication” must also be filled in by the IP. When medications are administered the IP will also record the details on this form. As a matter of good practice the form should be countersigned by a witness. The witness should be a member of staff but does not have to be an IP for medications. Blank copies of these forms can be found in the appendices of this policy for reference. The Local Authority take the view that to fail to maintain accurate records could be construed as negligence.

If a pupil refuses to take their medication this should be recorded on the form. Parents should be informed the same day and if necessary a liaison meeting with the pupil's parents and the professional dealing with their medical needs should be arranged.

In the event of an error in administration staff must immediately

- Seek advice from the child's GP or hospital
- Keep the child under observation
- Notify parents
- Contact the LEA

## CARE PLANS

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Sunderland Local Authority (Circular 14/96) recommends that schools set up care plans for any pupil who has medical needs, including pupils who access prescription medication in school, and for any pupil who could be at risk e.g. a child with a nut allergy, even if they do not need access to medication on a regular basis.

Pupils who need medication on a regular basis, those who have scheduled drugs eg Ritalin, or those who have short term but complex treatment regimes, must have a care plan. Care plans do not need to be made for pupils on short term medication that does not require a complex regime eg antibiotics. All care plans need to be individually tailored to meet the needs of the pupil in question. Care plans must be reviewed at least termly.

When a pupil who has a care plan goes off site e.g. on a school trip, a copy of the care plan should be held by the supervising member of staff on the trip. This will help to ensure information is passed on in the event of an emergency.

Parents must work with the school to establish a care plan. The IP will write the care plan with the parents input when medication is brought into school, and ask them to sign it on completion of all details to confirm it is accurate. If the IP or head feels input is needed from other sources eg pupil's doctor or nurse the IP or head will arrange a meeting as soon as is possible for those concerned, and the care plan will be written at that meeting and signed by all concerned. Pupils have a right to be involved in setting up their own care plans with staff, parents and any other appropriate personnel.

Copies of suitable questions to ask when preparing a care plan, from the Managing Medications in School course, will be available for reference in the file containing the blank care plans.

As both IPs are class based it is important not to disturb the learning and support of other pupils and teachers. It is for this reason we would ask parents to make an appointment to bring in medication and establish care plans outside of lesson times.

## SELF MANAGEMENT

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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. When children can take their medicines themselves they still need to be supervised.

## EMERGENCY PROCEDURES

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All staff working with a vulnerable pupil should know what action to take in the event of an emergency. The Children's Act 1989 provides scope for teachers to take appropriate action in

emergency situations including emergency medical situations. Guidance is given in the appendices for the information required when calling for an ambulance. An ambulance should always be used for transporting a child to hospital. Mr Groark or Mrs Proud if she is not available, should always accompany a child to hospital and remain there until the child's parents arrive. A copy of the child's care plan should also be sent. The head or a member of the senior management team must be informed of the emergency as soon as possible.

## **FOOD ALLERGIES**

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Some pupils and members of staff may suffer from food allergies e.g. nut allergies. These can be potentially very serious, leading to anaphylactic shock, which is life threatening. Other pupils may have special dietary needs because of a medical condition. The child's parent or those with parental responsibility have the responsibility of informing school staff of any food allergies or special dietary needs when they register their child, or as soon as it becomes known.

### **The school should pass on any requests for special diets to:**

Catering Services Manager  
Children's Services  
Sandhill Centre  
Grindon Lane  
Sunderland  
SR2 4EN  
Tel: 0191 561 4655

Requests will only be passed on if a letter or other documentary evidence from a doctor or dietician supports them. A risk assessment should be undertaken for each child at risk, and measures put in place to minimise the risk as much as possible. Key staff should be trained to administer any required treatments e.g. an epipen.

If a child is identified as having a food allergy or special diet due to medical reasons and staying for school dinners the Cook in Charge will receive training and take appropriate action. The School Health Service can offer advice and information about diets, food allergies and implications for schools.

Some floor polishes and soaps contain nut products. Non-nut product types are available and can easily replace these. The caretaker should be aware of the cleaning materials used in schools.

Never make assumptions. It is better to check something out than to take a risk.

Copies of the protocol for introduction of special diets for nut allergies into the school meals service can be found in the appendices.

Date Policy Reviewed: Summer 2017  
Next Review Date: Summer 2018