



# Margaret Roper Catholic Primary School

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## Managing and administering Medicines

### Non Prescribed Medicines

Over the counter medicines / painkillers / non-prescription drugs will not be administered by staff and they should not be brought on to the school premises by children.

### Prescribed medicines

With prescribed medication, parents/carers should endeavour to time doses to be administered at home, or arrange to come into school to administer the medicines themselves.

In exceptional cases (to be decided by the head teacher), medicines may be administered by a member of the school staff.

- **Children should never be allowed to be responsible for their own medicines in school, except in special circumstances.**
- **If prescribed medication is required during school hours and no alternative arrangements can be made, it must be handed to the office which will organise for the child to receive their prescribed dose.**
- **A letter needs to accompany the medication. This should state the child's name, class and name of medication as well as the time and dose of the medication and dose.**
- **Only one dose of the medication will be accepted each day and that should be in a container, sachet or syringe, clearly marked with the child's name, class and name of medication.**
- **School will not accept the responsibility of administering the first prescribed dosage.**
- **It is not wise to have two different medications for one child to be administered at the same time.**
- **The class teacher should be kept informed at all times.**

Administration of medicines will only be undertaken by either K Cormican or J Inman (first aid team). If these staff members are not available, the parent/carer will be informed to enable them to make their own arrangements. Teachers and staff conditions of employment do not include giving or supervising a pupil taking medicines. Agreement to do so must be voluntary. If in doubt about a procedure, staff should not administer the medicine, but check with the parents or the health professional before taking further action.

### **Epipens**

Epipens are stored in clear plastic boxes with the name of the child on the outside and the care plan enclosed. Children are required to have 1 epipen in school. Parents/carers have the responsibility of checking whether the medication is in date, however this will also be checked annually by school staff when the children change class and expiry dates recorded.

A register of pupils who have been prescribed an epipen is kept in the school office as well as given to all teachers to place somewhere visible in their classrooms.

All staff have annual training in the recognition and management of an allergic reaction/anaphylaxis.

### **Asthma pumps**

Children with asthma should have easy access to their inhaler, which must be clearly marked with their name. Inhalers for children are kept in a clearly marked box in the first aid room in the unlocked medical cupboard.

The only inhaler a child should have at school is their blue inhaler, which is the relief inhaler. Other inhalers are preventative and should be taken in the morning and the afternoon at home.

The school holds a spare blue inhaler in case of emergency.

### **Managing medicines on trips and outings**

When arranging a school trip, staff carry out a risk assessment that includes children with medical needs. Where it is necessary to take medication this is noted. A copy of the care plan is taken alongside the medication. Staff supervising should always be aware of any medical needs and relevant emergency procedures.

Children with medical needs will be encouraged to take part in residential visits. The visit leader will carry out a specific and additional risk assessment. Where children without care plans have been prescribed medication parents should include these details in the form provided for school journeys and complete a school medical form. Medication must be in the original packaging.

A named member of staff will take responsibility for medication, ensuring that it is stored securely during the time away, that it is administered according to the information provided by the parent and that a record is kept every time the medication is administered. (As per medicine administration during a school day).

### **Long term 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 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 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.

### **Procedures for managing prescription medicines on trips and outings 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 DCSF 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.

### **Safe storage of medicines**

The school will only store, supervise and administer medicine that has been prescribed for an individual child.

Medicines will be stored strictly in accordance with product instructions - paying particular note to temperature and in the single dosage container provided by the parent/carers.

Children will be informed where their own medicines are stored and who holds the key.

All emergency asthma inhalers, will be readily available to children, **not** be locked away in the medicine cupboard in the First Aid Room.

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.

### **School Procedures**

The school office should always be the first point of contact for any changes to medicines or new administration of medicines or medical needs. Other staff will not accept medicines from parents or children and parents/carers will be directed to the school office.

A medical board is situated in each classroom and staff areas with up to date information concerning emergency medication. This board has photographs of children who might need emergency medication, for instance Epipens.

It is the responsibility of the Headteacher to ensure that staff are provided with training appropriate to administering medication.

The school will consult the DCSF publication '**Managing medicines in Schools and Early Years Settings**' when dealing with the medical needs of children. The school nurse should also be consulted if advice is not clear and prior to agreeing to administer medicines.

This policy is subject to review annually.

Agreed by Governors – 18<sup>th</sup> May 2011

Reviewed April 2012

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