



## **Medicine Policy**

**November 2022**

**Review Date: November 2023**

**Mr Stuart Judge  
Headteacher**



## Medicine Policy

Kirkstone House School recognises and implements the recommendations provided by the DCSF Guidance on Managing Medicines in Schools and Early Years Settings (2005).

### The Aims of the Policy ensure:

- the school assist parents in providing medical care for their children to not only benefit the child directly, but also positively influence the attitude of their peers.
- training is arranged for staff who volunteer to support individual pupils with special medical needs as appropriate
- that there is clear guidance on the roles and responsibility of staff managing the administration (or the supervision of) of medicines in school
- that there are guidelines for pupils carrying and taking medicines themselves
- that there is a clear statement on parental responsibilities in respect of their child's medical needs
- there is appropriate liaison with the medical services as necessary
- that there are guidelines for record keeping
- that there are guidelines for the safe storage of medicines

### Children with Medical Needs

1. Children with medical needs have the same rights of admission to a school or setting as other children. Most children will at some time have short-term medical needs, perhaps entailing finishing a course of medicine such as antibiotics. Some children however have longer term medical needs and may require medicines on a long-term basis to keep them well, for example children with well-controlled epilepsy, diabetes, ADHD. Training is given to staff by specialist nurses for example diabetic medication management.
2. Others may require medicines in particular circumstances, such as children with severe allergies who may need an adrenaline injection. Children with severe asthma may have a need for daily inhalers and additional doses during an attack. Staff receive annual epi-pen training.
3. Most children with medical needs are able to attend school regularly and can take part in normal activities, sometimes with some support. However, staff may need to take extra care in supervising some activities to make sure that these children, and others, are not put at risk.
4. Parents or guardians have prime responsibility for their children's health and should provide the school with information about their child's medical conditions. Whilst there is no legal duty requiring staff to administer medicines or supervise pupils taking their medicines, we will endeavour to accommodate pupils' medical needs in close cooperation with the parents. All medication must be in original bottle/packaging with clear dosage instructions.
5. Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.



6. No child under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.
7. A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.
8. Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.
9. School will only accept prescribed medicines if these are in-date, labelled, provided in the original container as dispensed by a pharmacist and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available inside an insulin pen or a pump, rather than in its original container.
10. All medicines are stored safely. Pupils know where their medicines are at all times and are able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens are always readily available to pupils and are not locked away. This is particularly important to consider when outside of school premises, e.g. on school trips.
11. When no longer required, medicines should be returned to the parent to arrange for safe disposal. Sharps boxes should always be used for the disposal of needles and other sharps.
12. A pupil who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Controlled drugs that have been prescribed for a pupil are securely stored in a non-portable container and only named staff have access. Controlled drugs are easily accessible in an emergency.

## **Controlled Drugs**

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act. Some may be prescribed as medication for use by children e.g. methylphenidate. Only a \*designated member of staff may administer a controlled drug to a pupil for whom it has been prescribed.

In the interests of safety controlled drugs will be kept in a locked cabinet in the First Aid Room and Lower School Office and only designated staff should have access. A record of drugs administered to the individual pupil including those in the EYFS is kept for audit and safety purposes.

A record is kept of any doses used and the amount of the controlled drug held. School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions.



A record is kept of all medicines administered to individual children, stating what, how and how much was administered, when and by whom.

An individual health care plan is completed by parents of pupils at Kirkstone House to help staff identify the necessary safety measures to support children with medical needs and ensure that they and others are not put at risk.

### **Non-prescribed medication**

Kirkstone House School has designated staff who, with a parent's written consent, will administer non-prescription medication to pupils:

<b>Senior School</b>	*Mrs Blessett	(Receptionist/First Aider)
	*Mrs B Taylor	(School Administrator/First Aider)
<b>Lower School</b>		
	*Mrs J Ramsay	(Paediatric First Aider)
	*Mrs A Currall	(Paediatric First Aider)
	*Mrs M Slater	(Paediatric First Aider)
	*Mrs T Long	(Paediatric First Aider)

Where a non-prescribed medicine is administered to a child it is recorded showing the date, time, type/dosage of medication (e.g. 2 x Paracetamol) the initials of the person administering and witnessing and the source of the parents authorisation (e.g. written authorisation from parent/telephone authorisation from mother/father).

If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP.

### **Prescribed Medicines**

Medicines should only be brought to school when essential; that is when it would be detrimental to the child's health if the medicine were not administered during the school day. It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents could be encouraged to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

### **Guidelines**

- *Only medicines prescribed by a doctor, dentist, nurse prescriber or pharmacist may be administered.*
- *Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescribers instructions for administration.*
- *It is forbidden to accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.*

### **Short-Term Medical Needs**

Many children will need to take medicines during the day at some time during their time in a school or setting. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need



to be absent. However, such medicines should only be taken to school or an early years setting where it would be detrimental to a child's health if it were not administered during the day.

### **Long Term Medical Needs**

It is important to have sufficient information about the medical condition of any child with long-term 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 school or a setting. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

#### **Guidelines**

- *Parents must inform the school of any particular medical need of a pupil prior to admission or as soon as a medical need is developed.*
- *Where a pupil has long term medical needs, a health care plan will be written involving the parents and relevant health professionals. These will be reviewed on an annual basis.*

*This can include:*

- *details of a child's condition*
- *special requirement e.g. dietary needs, pre-activity precautions*
- *any side effects of the medicines*
- *what constitutes an emergency*
- *what action to take in an emergency*
- *what not to do in the event of an emergency*
- *who to contact in an emergency*
- *the role the staff can play*

### **Administering Medicines**

No child under 16 should be given medicines without their parents' consent.

#### **Guidelines**

- *Staff must check: the child's name; prescribed dose; expiry date; written instructions provided by the prescriber on the label or container.*
- *If in doubt about any procedure staff should not administer the medicine but check with the parents or health professional before taking further action.*
- *Written records must be kept each time medicines are administered*
- *It is good practice to have the dosage and administration witnessed by a second adult*

### **Self-Administration**

In specific circumstances pupils may be able to take medicines themselves. (A parental consent form must be completed).

Note: The transition to self-management will have been taken by parents in consultation with health professionals. The safety of other pupils must be considered when there is self-management of medicines in school. Self-administration is not applicable in Lower School.



All medicines must be stored in a locked cabinet accessed by designated staff only.

### **Refusing Medicines**

- If a pupil refuses to take medicine, staff should not force them to do so.
- Refusal or failure to present for routine prescribed medication, should be recorded and the parents informed on the same day. (Regular refusal to attend for medication will be reported to parents).
- If a refusal to take medicines results in an emergency, the school's emergency procedures should be followed.

### **Record Keeping**

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. However staff should make sure that this information is the same as that provided by the prescriber.

Although there is no legal requirement for schools to keep records of medicines given to pupils, and the staff involved, Kirkstone House School adopts good practice and chooses to do so. It is a legal requirement to keep records of medicines administered to children in EYFS. Our records offer protection to staff and proof that they have followed agreed procedures.

### **Disposal of Medicines**

Staff should not dispose of medicines. Parents are informed at the end of the academic year of any medicines remaining in the school First Aid cabinet and they are asked to collect and dispose of these as required. Parents are also responsible for ensuring that date-expired medicines are returned to their pharmacy for safe disposal. If parents do not collect all medicines, they will be taken to a local pharmacy for safe disposal.

Sharps boxes (provided by parents) should always be used for the disposal of needles. Collection and disposal of the boxes should be arranged with the parents of the child.

### **Educational Visits**

In line with good practice for schools to encourage children with medical needs to participate in safely managed visits Kirkstone House School considers what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This includes reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It might also include additional or revised risk assessments for such children.

### **Guidelines**

- *Risk assessments will be written to incorporate the needs of pupils with medical needs.*
- *Arrangements for taking medicines will be taken into consideration when planning visits.*
- *A copy of health care plans should be taken on visits in case of emergency.*
- *Staff must make positive steps to promote safety on visits and it is essential to liaise with parents in respect of pupils who need medication whilst out of school.*



- *Staff should record the administration of medicines whilst away.*

## **Sporting Activities**

At Kirkstone House School children with medical conditions are encouraged to participate in physical activities and extra-curricular sport in ways appropriate to their own abilities. Physical activity is seen to benefit their overall social, mental and physical health and well-being.

### **Guidelines**

- *Any restrictions on a child's ability to participate in PE should be recorded in their individual health care plan.*
- *Staff should be aware that some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers.*
- *All adults should be aware of issues of privacy and dignity for children with particular needs.*
- *Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.*

## **Work Experience**

The Work Experience Coordinator will consider whether it is necessary to carry out a specific risk assessment before a young person commits to a work experience placement.

## **Home to School Transport**

Most pupils with medical needs do not require supervision on school transport and if there is a specific requirement this should be noted on the child's individual health care plan and the appropriate staff should be informed and provided with guidelines on how to handle any medical requirement and receive appropriate training.

## **Parental Responsibilities:**

Parents, as defined in section 576 of the Education Act 1996, include any person who is not a parent of a child but has parental responsibility for the full time care of a child.

With regards to the authorisation of the administration of medicines at school it only requires one parent to agree to or request that medicines are administered.

Parents are given the opportunity to provide the Headteacher with sufficient information about their child's medical needs if treatment or special care is needed. They should, jointly with the Headteacher, reach agreement on the school's role in supporting their child's medical needs. Ideally, the head should always seek parental agreement before passing on information about their child's health to other staff. Sharing information is important if staff and parents are to ensure the best care for a child.

### **Guidelines**

- *Parents are expected to keep pupils at home if they are unwell and observe recommended guidelines in respect of quarantine.*



- *Parents must keep the school fully informed of up to date information relating to their child's medical needs.*
- *Parents must complete necessary paperwork giving permission for the administration of medicines.*

### **Staff Awareness**

All staff should be aware of the likelihood of an emergency arising and what action to take if one occurs.

### **Guidelines**

- *All staff are made aware of any pupil who has medical needs.*
- *All staff receive EpiPen training on an annual basis.*
- *Staff responsible for First Aid in School are identified together with contact details on the First Aid notices displayed at various locations around the school site.*
- *If the administration of a medicine requires technical / medical knowledge, individual training will be given to staff by a qualified health professional.*

### **Links with other Policies:**

First Aid  
Health and Safety  
Specific Medical Needs Management Policy

Educational Visits

Authorised by

Mr S Judge  
Headteacher  
On behalf of the Proprietors

Dated

November 2022

Date of next review

November 2023





## First Aid, Specific Medical Need and Medicines

Suzanne Stevens has overview of the Health & Safety Policies

