



# Thurston CE Primary Academy

## Medication in school policy

**Approved by:** Governing Body

**Date:** November 2021

**Last reviewed on:**

**Next review due by:** September 2022

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## Medicines in School Policy

At Thurston CE Primary Academy we are committed to providing a caring, friendly and safe environment for all of our students so they embrace a love of learning, achieve their personal best and build their emotional, social, and physical well-being in a fully inclusive environment.

### **The Legal and Contractual Position**

The administration of medicines is primarily the responsibility of parents and carers. Wherever possible, medicine should be given to children before or after school. If children require medication for infections and illnesses, it is appropriate for the school to ask if the child should be attending school due to the possibility of spreading infections to others.

### **School/Staff Responsibilities**

There is no legal duty that requires School Staff to administer medicines. However, any member of staff can volunteer to receive training to support a child and/or administer a controlled drug to the child for whom it has been prescribed.

Staff administering medicines should do so in accordance to the prescribers instructions and only after receiving training.

Staff managing the administration or supervision of medicines should receive appropriate training and support from health professionals.

Any member of staff giving medicines should check:

- Child's Name
- Prescribed dose
- Expiry date
- Written instructions (provided by prescribed)

If in any doubt staff should check with parent or health professionals before being taking further action.

If staff has any concerns administering medicine to a particular child the issue should be discussed with head teacher, Senco, parent or health professional.

### **Administering Prescribed Medicines in School**

- a. Prescription medicines (if agreed by the school) should be received from and returned to a **responsible adult only(not an older sibling)**

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- b. Labelled medicine should normally be received and returned **daily**
- c. Pupils requiring medicine daily on a long term-basis would make arrangements with the school in regards to (a) and (b) above (e.g diabetics who would have care plan in place).
- d. It is the responsibility of the parent to provide medicine, which is
  - i. Clearly labelled in its original container
  - ii. Clearly labelled with the child name (i.e prescriptions only)
  - iii. Clearly labelled with the child's date of birth
  - iv. Clearly labelled with the dose
  - v. Prescribed by a doctor
- e. Written instructions should be received from the parent or carer and medicine should not be administered without these.
- f. Any medicine that is to be administered on a (Pro re nata) PPN/as needed must be recorded on the "Medicine Permission List" e.g epilepsy or diabetes medicine. Non-prescribed medicines will not be given in school.

### **Storage Arrangements**

Medicines should be stored in a secure location (HT Office or Medical Room). Medicines that require refrigeration should be stored, clearly labelled in a sealable plastic container in the medical room refrigerator.

At school all pupil medicines are stored in the head teacher's office/medical room and those requiring refrigeration are in the medical room fridge. Children should know where their own medicines are stored.

### **Ensuring the correct dosage is given to the right child**

The identified member of staff (agreed) who will administer medicines will also be responsible for ensuring that all doses are recorded on the permission list. This list will record the name of the child, the date when administered, the time when administered, the name of the medicine, the dosage given and they will record their signature.

The school should never accept medicines that have been taken out of the container as originally disposed, nor make changes to dosages on parental instructions.

No child under 16 should be given medicines without their parents' consent either written or signed on a medical plan.

### **Asthma Inhalers**

Where parents or carers inform the school of the use of asthma inhalers, spacers and nebulisers to be available to pupils, the procedures in 2 will be followed. However, the inhaler will be kept with the child in class or in their bag.

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Inhalers should always be self-administered by all pupils. (Younger children may be given support to hold inhalers or spacers where necessary by the identified member of staff, but the administration must be completed by the pupil).

Pupils should have immediate access to inhalers. Although inhalers may be misused, the risks associated with delay in access are much greater than those of misused by pupils. For this reason, older students should keep their own inhaler with them and for younger children it would be appropriate for inhalers to be given to the class teacher.

If pupils are having trouble in managing their inhalers their parents and the school nurse should be informed so that they can take action to support the child in the correct use of an inhaler.

### **Other medical procedures**

From time to time other medical procedures may be required to be carried out for pupils who have complex medical needs e.g. insulin injecting diabetics, those requiring epi-pens etc. Teaching and non-teaching staff may volunteer to undertake these medical procedures. Appropriate training will need to be given to these staff who volunteer to undertake the task.

### **Emergencies**

All staff should know how to call the emergency services (999) and know who is responsible for carrying out first-aid and administering of medication in the school. A pupil who is required to be taken to hospital by ambulance should always be accompanied by their parent or a member of staff who should remain until the parents/carers arrive.

### **Record Keeping**

Parents should tell the school or setting about the medicines their child needs to take. They should provide details of any changes to the prescription or support required.

For all medicines administered (other than asthma inhalers) written records must be kept each time medicines are given and parents should be informed of the time it was given.

### **Educational Visits**

A risk assessment for educational visits should include a section on medical needs and medicines to be taken. Staff should allocate a designated person.

A copy of medical care plan should also be taken.

### **Safety Management**

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The medicines should not be locked away. The staff should be responsible for safe storage of medicines. Inhalers can be carried by children if agreed by the Head Teacher and Parents.

All medicines are harmful to anyone who takes them without medical advice.

All children are regularly informed that they must not take any medicine which they find and medication should be handed to an adult.

### **Disposal**

Staff should not dispose of medicines. Parents are responsible for ensuring expired medication is returned to the pharmacy.

Sharp boxes should be used to dispose needles.

Sharp boxes can be obtained by parents from their GP.

Collection and disposal of sharp boxes should be arranged with local authority's environmental services.

### **Hygiene and Infection Control**

All staff should be familiar with normal precautions for avoiding infections. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of equipment.

### **Medical Plans**

The main purpose of a care/medical care plan for a child with medical needs is to identify the level of support needed. Not all children require a medical plan. Medical care plans will be put in place for a child with a significant medical need (not asthma inhalers) where staff may need to administer medication.

Medical care plans are issued by a nurse and should be updated annually by the school health visitor.

### **Legislation**

Section 21 of the Education Act 2002  
Section 175 of the Education Act 2002  
Section 3 of the Children Act 1989  
Section 17 of the Children Act 1989  
Section 10 of the Children Act 2004  
Equality Act 2010  
Section 3 Children, Schools and Families Act

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