



# Robin Hood

## PRIMARY SCHOOL

### Policy on Medicines in School

It is the policy of the school that medicines will not be accepted on the school site and that school staff will not administer medicines, except in the case of long-term medical needs, as described below. In formulating this policy we recognise that no member of staff has any contractual obligation to give medicine, supervise a child taking medicine or assist in any treatment of a child requiring medicine.

In applying this policy, we take 'medicines' to mean any substances, in any form, that are taken to treat a condition medicinally. This applies equally to lotions and food supplements as to medicines in other forms.

#### **Parents**

The prime responsibility for a child's health rests with the parent or guardian; they are responsible for making sure their child is well enough to attend school. The parent/guardian, or pupil, if they are mature enough, should provide the school with sufficient information about the pupil's medical condition. This should be undertaken in conjunction with the child's GP or paediatrician, as appropriate. Where a child is acutely unwell it is advised that the parent keep him/her at home.

#### **Non-Prescribed medicines**

School will not take responsibility for either the storage or the administration of non-prescription medicines. Where a parent/carer feels that non-prescribed medication is necessary, they should – as far as is possible – ensure that doses are given outside of school hours. Where dosage is required during school hours, parents/carers should make their own provision, in agreement with the school, for the administration of the appropriate dosage.

#### **Prescribed medicines**

##### **Short term medical needs**

At some time during a child's school life they may need to take medication – e.g. either to finish a course of antibiotics or apply a lotion. To minimise the amount of time a child is away from school, it may be necessary to continue the treatment of antibiotics or lotions after the child returns to school to finish the course of medication. Where this happens it is advised that the parent requests that the dose-frequency is prescribed as a 3 times per day rather than 4 times per day dose so that the child need not take the medication whilst at school.

Where dosage is required during school hours, the same criteria for administration applies as for non-prescribed medicines.

##### **Long-term medical needs**

Parents/carers of pupils with long-term medical needs must provide school with sufficient information about their child's medical condition either prior to a child attending school or as soon as the condition becomes known.

Parents must give their written consent for medicines to be administered or observed by a member of the school staff. Without this consent, medicines will not be accepted by the school.

Where practicable, the pupil should be allowed to manage their own medication from an early age. Parents must give their written consent and the pupil should be supervised when taking it.

Any member of staff administering medicine or observing it being taken should check:

- the pupil's name;
- that there are written instructions provided by the parent or doctor;
- the prescribed dose and the expiry date of the medicine.

If there is any doubt about these details or they are not provided medication should not be given until the full details are known and parents contacted.

Each time a pupil is given medication a record should be made which the person administering the medication signs.

Where invasive or intimate treatments are required, the person carrying out such a treatment should be of the same gender as the child receiving the treatment. Two adults should be present whilst the treatment is carried out unless intimate care procedures indicate otherwise. Those persons who volunteer to provide intimate or invasive treatments must be suitably trained.

### **Asthma Inhalers**

Where pupils are old enough, the school encourages them to take responsibility for their own inhaler and their own use of it. In the case of very young pupils, inhalers will be held in a secure location in the setting by a named adult. All inhalers must have the name of the pupil to whom they belong clearly marked.

### **Teachers and other school staff**

A teacher who has a pupil with long-term medical needs in his/her class should understand the nature of the child's condition and when and where that pupil requires additional attention. In particular, staff should be aware if any emergency is likely to occur and what measures they should take if one does. These measures should be in writing and be readily accessible.

Other school staff such as lunchtime assistants or support staff who may, at certain times, be responsible for children with medical conditions should be provided with sufficient support and advice.

Information and advice should also be provided to the school's first aiders if the child's medical condition has implications for any first aid treatment which may be given.

### **School transport escorts**

Where the School Transport Service transports children with medical needs to and from school and escorts supervise them, the escorts should be provided with suitable and sufficient information in respect of the medical conditions and medications of the children in their care.

### **Health Care Plan**

To ensure that each child with medical needs receives the appropriate support in school, and that all persons who may come into contact with the child have access to sufficient information, the Head teacher must ensure that a written Health Care Plan for each child with medical needs is drawn up in conjunction with the parent.

It should give details of the child's condition, daily care requirements, emergency action to take and when to take it, who is responsible in an emergency (including reserve(s)) and any follow up care that may be needed.

The plan should be provided to all staff who will have contact with the child including, for example, lunchtime supervisory assistants. As the medical information contained within the plan is confidential, the level of information provided to various staff should be carefully planned.

Where the Head teacher wishes to share information with other staff within a school s/he should first seek permission from the child's parent or the child, if the child is mature enough. Parents' culture and religious views should be respected at all times.

The plan should also identify what particular training needs will be required for anyone volunteering to administer medicine.

### **Refusal to take medicine**

No person can be forced to take medicine should they refuse.

If a child refuses to take prescribed medicine and the information provided by the child's parent and/or GP suggests that the child is at great risk if they do not take their medication, the parents will be contacted immediately. If a parent cannot be contacted, medical advice should be sought.

Where the information provided indicates that the child will not be at great risk if they do not take their medication, but the parent has informed the school that their child should receive their medication, the parent should be contacted as soon as possible.

### **School trips**

Pupils with medical needs should be encouraged to participate in school trips as long as the safety of the pupil, other pupils and/or staff is not placed at significant risk. It may be necessary for the school to take additional measures for outside visits. These may include:

- additional staff supervision;
- adaptations for bus or coach seats and entrances;
- provision of secure cool-bags to store medicine;
- provision of properly labelled single dose sets.

When planning trips and visits which will include a pupil or pupils with medical needs, all persons supervising the trip should be made aware of the pupils' medical needs and any emergency procedures that may be needed (unless the parent/guardian does not give their prior consent to do this).

The location to be visited should be made aware that persons with medical needs are included in the party, if this is practicable and if the parents have consented (e.g. on a visit to a museum an appropriate member of the museum staff be made aware of any potential difficulties that may arise – such as a member of the party being

epileptic). Where it is unlikely that any difficulties will occur there is no need to inform the place to be visited.

If a pupil's medical condition will be aggravated by the place being visited they should not be permitted to go. If there is any doubt regarding a school trip the school will discuss the trip with the parent and also, if necessary, seek medical advice.

### **Sporting activities**

Most pupils with medical needs should be able to participate in sporting activities either as part of the curriculum or as an extra-curriculum activity.

However, some children will need to take precautionary measures prior to and/or during exercise and may need immediate access to medication afterwards.

Any members of staff supervising children involved in P.E. and sporting activities must be aware of the relevant medical conditions and emergency procedures for the child who is participating in the lesson or activity. For extra-curriculum activity, where a child with a medical need is participating, the level of supervision and risk will routinely be assessed.

### **Risk Assessment**

Appropriate Risk Assessments will be made by the Head teacher or nominated staff member in relation to all relevant aspects concerning pupils with long-term medical needs eg: movement around school, activities, sporting events, travel, etc.

The Head teacher will also assess the risks presented by a hazardous substance to any person who may come into contact with it. Then, having assessed the risk, they should determine the method or methods by which that risk may be removed, reduced or controlled.

The Control of Substances Hazardous to Health (COSHH) Regulations require that no person is placed at risk from the use of any hazardous substances. A medicine is a hazardous substance, to those administering the medication and those who may inadvertently be exposed to it.

### **Storage & disposal of medicines**

If there is no means of eliminating or substituting the hazardous substance controls to reduce any risk of harm to the lowest level that is possible should be implemented. Such controls will include:

- Only storing small amounts such as the amount needed to be taken and/or a sufficient amount for emergency purposes (e.g. adrenaline).
- Storing medicines in a secure place (eg: a locked cupboard) which is labelled accordingly and to which only a duly authorised person has a key, or has access to a key.
- Storing medicines in original containers which are labelled with:
  - the name of the person for whom the medicine is prescribed;
  - the name and constituents (if known) of the medicine;
  - the prescribed dose;
  - the time the prescribed dose is to be taken;
  - who to contact in an emergency;
  - the expiry date of the medicine;
  - the name of the person or organisation responsible for prescribing the medicine;

- any likely side effects for the person taking the medicine (e.g. harmful or toxic if swallowed, harmful by inhalation, harmful if in contact with the skin or eyes).

**Disposal of medicines**

Under no circumstances should a school dispose of any prescribed medicine or the container from which it came. The parent of the child for whom the medicine was provided should collect all empty containers, surplus medicines and out-of-date medicines.

Date Agreed	Written By	Review date
Signed (Headteacher) Chair of Governors		

