





## Medications Policy

**Author / staff lead: Mrs L Barnard**

**Abstract:** This policy sets out how the school can support children who require medication in school time. It also sets out the limitations of medications that we can administer and the procedures to ensure medications in school are managed safely.

Approved by:	Mrs M Young Chair of Governors	
Approved by:	Mrs J Watson Headteacher	
Last reviewed on:	08/08/2023	
Next review due by:	07/08/2024	
Policy number:	LRS0083	

## **Introduction**

Children with medical needs have the same rights of admission to school as other children. Most children will at some time have short-term medical needs, such as finishing a course of antibiotics. Some children have longer term medical needs and may require medicines on a long-term basis to keep them well. Others may require medicines in particular circumstances, such as children with severe allergies or children with asthma.

The school's supporting children with asthma policy is used in conjunction with this policy.

The purpose of this policy is to ensure that medicines are safely administered, recorded and stored in school.

## **The role of parents**

Parents or guardians must complete a form giving consent for the school to administer medicines to their child. Please note that legally this form can only be signed by someone with parental responsibility for the child; this does not include grandparents (unless court appointed guardians) or childminders.

## **The role of the school**

The schools will work in partnership with parents to encourage regular attendance through meeting reasonable medical needs of the child. Medicines will only be administered in school where it would be detrimental to a child's health if the medicine were not administered during the school day. The Headteacher will make any final decisions about what actions are reasonable, in consultation with the child, parents, staff and healthcare professional.

## **Medication**

Medicines will only be administered in school where it would be detrimental to a child's health if the medicine were not administered during the school day. Where clinically possible, medication should be prescribed in dose frequencies that enable them to be taken outside of school time.

## **Prescription medicines**

For the purposes of this policy, prescription medicines are those prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. This does not include medicines prescribed by alternative practitioners. The school will only accept prescription medicines, including inhalers, that are in date, labeled, in the original packaging, with the dispensing label attached and the patient information included. The exception to this is insulin which may be provided inside a pen or pump rather than its original container.

## **Controlled drugs**

Controlled drugs are specific medications, which may have illegal recreational uses. It is an offence to pass controlled drugs on to anyone they have not been prescribed to.

The most common controlled drugs to find in a school situation are:

- Buccal Midazolam - for the emergency treatment of epilepsy
- Ritalin (methylphenidate) - for the treatment of ADHD
- 

Controlled drugs must be kept in a locked non-portable container. When the school is storing controlled drugs only those named in the controlled drugs register may access the medicine cabinet. The quantity of medicine handed in to school must be entered into the controlled drugs register and signed by the parent providing the medication and the school to confirm receipt. When the medication is returned to the parents they and the school should sign to confirm the quantity returned.

### **Non-prescription medicines**

Non-prescription drugs will not be routinely administered at school. In exceptional circumstances non-prescription drugs may be given in school but this will be determined by the Headteacher. An example may be if a child has had recent fracture and requires short-term pain relief.

Non-prescription medications will not be administered for coughs and colds.

The school will only administer non-prescription medications that have been safely given to the child before without any side-effects.

Non prescription medication must be in the original packaging with instructions for administration, dosage and storage included. Packaging must be clearly labeled with the child's name and class.

In some cases it may be possible for parents to leave medication for a child on an if needed basis. This will only be considered if a child has a specific long-term or recurring condition. In these situations parents will be informed by parentmail of the time their child was given medication. Unless otherwise informed the school will assume that a child had their last dose of medication at 9am.

The school will not administer medications containing aspirin.

Cough and cold sweets, including Strepsils, Soothers, Locketts and Tunes are not permitted in school.

Inhalants such as vapour rub, saltwater nasal spray and Olbas are not permitted in school.

Anti-histamines are most effective as a single dose taken before school. Administering anti-histamines during school hours should be avoided however this will be considered on a case-by-case basis.

The school will not administer alternative medicines including homeopathic medicines or herbal remedies, even when prescribed by an alternative health practitioner.

## **Permissions to administer medication**

Parents or guardians must complete a form giving consent for the school to administer medicines to their child. This form may be part of a child's Individual Medical Support Plan (IMSP), however for those children who do not have an IMSP parents must sign a separate permissions form for each medication. This form can only be signed by someone with parental responsibility for the child. For more information on IMSPs please see out policy for supporting children with medical conditions in school.

In exceptional circumstances where medication is in school and a parent has not provided written permission, consent may be emailed to the school office. This will only be considered if it would be detrimental to the health of the child to miss their medication.

## **Administering medication**

All medicines will be administered by two members of staff. Staff should have been trained in safely administering medication.

If a child refuses to take medicine, staff will not force them to do so. Parents will be informed and the procedure in the child's IMSP (if they have one) will be followed. If a child's refusal to take medicines results in a medical emergency, staff will follow the school's emergency procedures.

## **Recording**

All medication administered by school staff must be written in the medications log book with the following exceptions:

- Controlled drugs administered in school must be written in the controlled drugs log book
- Medication administered by school staff during a school trip or residential visit must be recorded in a separate book with the same information as required for the medications log book. This must be returned to the office at the end of the trip to be archived in the same process as the medications log book.

Where a parent administers medication to a child in school, this should also be logged in the medications log book, in case of medical emergency.

Where children are responsible for self administering their asthma inhaler they are also responsible for informing their parents of use but will be encouraged to use standard school systems.

## **Self-administering medication**

Children will be encouraged to self-administer inhalers for asthma and these are kept in child accessible drawers in the school office. It may also be appropriate in individual cases for children to self-administer other medications with support from staff, such as topical creams.

All medications other than inhalers and auto-injectors must be stored in the school office, away from other children to prevent accidental ingestion. Requests to self-administer will be discussed between parents, pupils, the Headteacher and a healthcare professional.

A record of children self-administering inhalers does not need to be included in the medications log-book, however teachers should monitor children's inhaler use and complete an inhaler slip where possible to show when they have used their inhaler.

### **Storing medication**

Medicines should be handed in to the school office and will be stored in the locked cabinet or refrigerator in the school office. The key for the cupboard is available from the school office. Staff access to the medications cupboard will be restricted when controlled drugs are present.

The school has a designated refrigerator for medication and when medication is being stored here the temperature should be checked daily.

The school cannot store any medications over school holidays. Any medication remaining on the school premises on the last day of a school term will be disposed of. Medicines will not be given to a child to take home without prior agreement.

### **Emergency auto-injectors**

Emergency auto-injector devices primarily remain with the child in a red bum bag. Where the child's IMSP states that a child's auto-injector should remain in the school office it will be stored on top of the medicines cabinet, out of reach of children. These must never be locked in the cabinet.

### **Inhalers**

Inhalers are stored in child accessible draws in the child's classroom.

### **Residential school trips**

Staff will carry Calpol with them on residential school trips. Parents will be asked to complete a form giving permission for their child to be given this should they require it. Any other medications will be provided in line with the school policy on prescription and non-prescription medications.

If a child has an auto injector device for severe allergies it will be carried by the child or the child's group leader, all staff on the trip will be made aware of which member of staff is carrying it and where the device is stored overnight.

During the trip, where staff deem it suitable, children may carry their own inhalers alternatively they will be held by the group leader.

Controlled drugs will be stored overnight in a fixed lockable place such as a medicine cabinet, staff locker or hotel safe where available. When travelling to or from the venue they will be stored in a lockable cash box. Ideally they should not leave the residential venue unless clinically required at a time when the group are out and about, in which case they should be stored as securely as is reasonably practical by the group leader. In the case of Buccal Midazolam, this is an emergency medication and should be kept in a secure but accessible place by the Group Leader. All staff should be aware of the location and who holds the key. When the party are out and about the Buccal Midazolam should be carried by a member of staff trained in its use, who should remain with the child's group.

The process for administering and recording controlled drugs is the same as when administering during the normal school day.

### **Day trips and external visits**

Teaching staff will be responsible for gathering any inhalers, auto injectors and other medication usually kept in school to take on day visits and external trips. The process for storing controlled drugs is as above for residential visits.

### **Emergency inhalers and auto-injectors**

The school has a number of kits containing emergency inhalers and auto-injectors. These kits should be taken on all school trips and external visits.

The emergency inhaler may only be used by children on the school's asthma register (a copy of this is included in each emergency inhaler kit).

The emergency auto-injector may be used to save the life of **any** child, regardless of whether they have previously been diagnosed with a severe allergy.

For full details on the use of the emergency kits see the School's Supporting Children with Asthma and Supporting Children with Medical Conditions policies.

### **Training and support for staff**

- Staff who administer medicines will receive appropriate training.
- Staff who manage medicines will attend appropriate training every three years.
- The school and school nurse will identify and the type and level of training required.
- A first aid certificate does not constitute appropriate training in supporting children with a medical condition, however all staff who have been trained to administer emergency medication (inhalers and auto-injectors) as part of their first aid training may do so.
- In addition the school will work with children to encourage general awareness about what to do if another child becomes ill.
- Training needs will be reviewed annually or as a child develops additional medical needs.

Further information and/or guidance can be obtained from the Headteacher or the office staff who will also be happy to answer any queries.