

**SHEERHATCH PRIMARY SCHOOL**

**MANAGING MEDICINES POLICY**

**Introduction**

Pupils with medical needs have the same rights of admission as other pupils. Most pupils will at some time have short-term medical needs, while other pupils may have longer term medical needs and may require medicines on a long-term basis to keep them well. Other pupils may require medicines in particular circumstances, such as pupils with severe allergies.

At Sheerhatch Primary School we wish to ensure that any pupil with medical needs receives proper care and support while at school or participating in a school activity where our role is *in loco* *parentis*.

**Aims of this policy**

* To provide guidelines on when parents/carers should keep their child off school when they are unwell.
* To explain our procedures for managing prescription medicines that may need to be taken during the school day.
* To explain our procedures for managing prescription medicines on school trips.
* To outline the roles and responsibilities for the administration and storage of prescription medicines.

**Legal requirements**

There is no legal duty that requires any member of school staff to administer medicine. A number of our school staff are First Aid trained and may volunteer to administer medicine.

Parents/Carers should provide all the necessary information about their child’s medical needs to the school and keep the school updated of any changes. Parents/Carers also have the prime responsibility for ensuring their child’s health and for deciding whether they are fit to attend school.

**When to keep your child off school if they are unwell**

Parents/Carers should keep their child at home if acutely unwell or infectious.

A pupil should be kept off school where an illness is at its most contagious stage, where the pupil is not likely to be well enough to participate fully in school activities, or within 48 hours of diarrhoea or vomiting.

If parents/carers keep their child at home, it is important that they contact the school by 9 am. on the first day to let them know that their child won’t be in and to give the reason. The school must also be informed if the pupil is well enough to attend school but has an infection that could be passed on, such as a cold sore or head lice.

For further advice please follow the NHS guidance: <https://www.nhs.uk/Livewell/Yourchildatschool/Pages/Illness.aspx>

**Managing medicines in school**

Medicines should normally be administered at home and only taken into school when absolutely necessary (in other words, where it would be detrimental to the pupil’s health, or would greatly impact on a pupil’s school attendance if the medicine were not taken during the school day).

Parents/Carers should, where possible, request that medicine be prescribed in dose frequencies which enable it to be taken outside of school hours. For example, antibiotics and medicines that need to be taken three times a day should be taken in the morning before school, after school hours and at bedtime.

Non-prescription medicines, such as paracetamol or cough mixture, will not generally be administered by school staff. The Head teacher may consider individual requests if it is considered that the pupil is otherwise fit and well to be attending school.

The school will only accept:

* Medicines prescribed by a medical practitioner (doctor, dentist, nurse prescriber or pharmacist prescriber).
* Medicines that are in date.
* Medicines that need to be administered in excess of 3 times per day or life-saving medication (e.g. inhaler/adrenaline pen).
* Medicines in their original container, as dispensed by a pharmacist.
* Containers with labelling identifying the pupil by name and with original instructions for administration, dosage and storage.

On accepting medication, the parent/carer must sign a parental agreement to administer medicines form disclosing all the relevant details and giving permission for the medication to be administered by a member of staff.

Where it is appropriate to do so, pupils will be encouraged to administer their own medication under staff supervision.

When administering medication, a member of staff must complete a record showing the date and time and details/dosage of the medication.

If a pupil refuses to take medicine, staff will not force them to do so but will note this in the records and inform the parents/carers of the refusal immediately or as soon as is reasonably possible.

**Storage of medicines**

All medicines must be delivered to the school office by the parent/carer or Care Club representative. With the exception of some emergency medication (see below) no medicines should be left in a pupil’s possession. All medicines should be stored in accordance with product instructions.

Medicines will be kept in a locked cupboard (except where storage in a fridge is required), with the exception of adrenaline pens and asthma inhalers.

All emergency medicines, such as adrenaline pens and asthma inhalers should be readily available and kept in the First Aid cupboard or in an agreed place in the classroom.

Parents/Carers must confirm in writing if they wish their child to carry their emergency medication with them in school.

The school will keep records of all medication kept in school and make a note of the expiry dates. It is recommended parent/carers also keep a record so that they are able to request replacement medication from their GP in a timely manner.

**Disposal of medicines**

Parents/Carers are responsible for ensuring that date-expired medicines are returned to the pharmacy for safe disposal. They should collect medicines at the end of the agreed administration time period. The school office will endeavour to remind parent/carers to collect any medication left in school at the end of the summer term. If any medicines remain uncollected, they will be disposed of at a local pharmacy by a member of the office staff.

**Trips and outings**

Pupils with medical needs are given the same opportunities as other pupils. Staff may need to consider what reasonable adjustments they might make to enable pupils with medical needs to participate fully and safely on visits. The school visit co-ordinator will nominate a member of staff as having responsibility for the administration of all medication during a trip or outing.

**Pupils with long-term medical needs**

Where a pupil has long-term medical needs, the school will liaise closely with the parents/carers and relevant health professionals to draw up an individual health care plan, which will be reviewed at least annually. It is important that the school has sufficient information about the medical condition of any pupil with long-term medical needs.

The Head teacher must ensure that named staff are trained to administer or give the level of care required by the details of the health care plan.

There will also be regular training for staff on more generalised needs, e.g. asthma awareness and auto-injector adrenaline pen training.

For the purpose of residential visits, there will be a named person with responsibility for the administration of medicines for pupils with long-term medical needs. Parents/Carers will be asked to complete a form and may be required to meet with the named staff to ensure that staff are aware of all medical requirements.

**Confidentiality**

The Head teacher and staff should always treat medical information confidentially. Where a medical condition may be life-threatening or require emergency medication to be administered, the pupil’s medical information and health care plan may be displayed in certain locations throughout the school so that all adults are aware of the conditions and procedures relating to that pupil’s medical condition. Medical information will also be stored on the school’s information management system.

**Roles and Responsibilities**

It is the parents/carers responsibility to:

* Keep their child off school where an illness is at its most contagious stage or when they are unable to participate fully in school activities.
* Provide sufficient information about their child’s medical needs if treatment or special care is required.
* Inform the school of any changes to their child’s condition that may require the details of their care plan to be altered.
* Deliver all medicines to the school office (or Care Club) in person.
* Complete and sign the parental agreement to administer medicines form.
* Ensure that the medication supplied is within its expiry date.
* Keep medicines in date and renew the medication when supplies are running low.
* Collect medicines which are in use and in date at the end of the academic year.
* Safely dispose of medicines that are no longer required or are no longer in date.

It is the Head teacher’s responsibility to:

* Ensure that the school’s Medicines Policy is implemented and reviewed.
* Ensure that there are members of staff within the school willing to volunteer to administer medication to specific pupils if required.
* Ensure that staff receive support and appropriate training where necessary.
* Share information, as appropriate, about a child’s medical needs.
* Review individual health care plans annually for children with long-term medical needs.
* Ensure that parents/carers are aware of the school’s policy on the administration of medicines.
* Ensure that medicines are stored correctly.

It is the Staff responsibility to:

* Check the pupil’s name, prescribed dose, expiry date and written instructions provided by the prescriber on receipt of medicines.
* Ensure that the parent/carer completes a consent form for the administration of medicines following the prescriber’s instructions.
* Complete the ‘Record of medicine administered to an Individual pupil’ sheet each time the medication is given.
* Ensure that medicines are returned to parents/carers for safe disposal at the end of the agreed administration period or at the end of the summer term.

**Review**

This Policy will be reviewed on an annual basis. The Policy was approved by the Governing Body at its meeting on: **11th October 2022**

Signed by Head Teacher ……………………………………………………………………

Signed by Chair of Governors ……………………………………………………………..

**Parental Agreement for Setting to Administer Medicine**

Sheerhatch Primary School will not give your child medicine unless you complete and **sign** this form.

|  |  |
| --- | --- |
| Name of school/setting |  |
| Name of child |  |
| Date of birth |  |  |  |  |
| Group/class/form |  |
| Medical condition or illness |  |
| **Medicine** |  |
| Name/type of medicine*(as described on the container)* |  |
| Expiry date |  |  |  |  |
| Dosage and method |  |
| Timing |  |
| Special precautions/other instructions |  |
| Are there any side effects that the school/setting needs to know about? |  |
| Self-administration – y/n |  |
| Procedures to take in an emergency |  |
| **NB: Medicines must be in the original container as dispensed by the pharmacy****Contact Details** |
| Name |  |
| Daytime telephone no. |  |
| Relationship to child |  |
| Address |  |

I understand that I must deliver the medicine personally to and collect the medicine from the school office and accept that this is a service that the school is not obliged to undertake.

The above information is, to the best of my knowledge, accurate at the time of writing and I give consent to school/setting staff administering medicine in accordance with the school/setting policy. I will inform the school/setting immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.

Signature(s)

Date

**Record of Medicine Administered to an Individual Child**

|  |  |
| --- | --- |
| Name of school/setting |  |
| Name of child |  |
| Date medicine provided by parent |  |  |  |  |
| Group/class/form |  |
| Quantity received |  |
| Name and strength of medicine |  |
| Expiry date |  |  |  |  |
| Quantity returned |  |
| Dose and frequency of medicine |  |

Staff signature

Signature of parent

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date |  |  |  |  |  |  |  |  |  |
| Time given |  |  |  |
| Dose given |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials |  |  |  |
| Returned to parent |  |  |  |
|  |  |  |  |
| Date |  |  |  |  |  |  |  |  |  |
| Time given |  |  |  |
| Dose given |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials |  |  |  |
| Returned to parent |  |  |  |

**Record of Medicine Administered to an Individual Child (continued)**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Date |  |  |  |  |  |  |  |  |  |
| Time given |  |  |  |
| Dose given |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials |  |  |  |
| Returned to parent |  |  |  |
|  |  |  |  |
| Date |  |  |  |  |  |  |  |  |  |
| Time given |  |  |  |
| Dose given |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials |  |  |  |
| Returned to parent |  |  |  |
|  |  |  |  |
| Date |  |  |  |  |  |  |  |  |  |
| Time given |  |  |  |
| Dose given |  |  |  |
| Name of member of staff |  |  |  |
| Staff initials |  |  |  |
| Returned to parent |  |  |  |