



# Managing Medication in School

How this policy fits in with other policies:

Accessibility  
Plan and  
policy

Health &  
Safety policy

First aid policy

## Log of updates

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09/2019	Reviewed
06/2022	Amended: clarity about non-prescription medication (e.g. Paracetamol)

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**AIM:**

To provide clear advice and guidance on managing medication in school and support for pupils with medical needs.

**RATIONALE:**

An increasing number of children with disabilities and medical needs are attending Lady Nafisa school. This requires clear guidance in order to avoid anxiety for staff, children and parents.

**PURPOSES:**

By implementing the policy, we intend to achieve the following objectives:

1. To provide guidance and reassurance to staff.
2. To safeguard the health and well being of children.
3. To assure parents that staff will be knowledgeable and competent as far as possible in the management of their child's care, given that school staff are not health professionals
4. To develop policies related to the administration, storage and management of medicines in school.
5. To put in place effective management systems to support individual pupils with medical needs.
6. To identify roles and responsibilities in the management of medicines and supporting pupils with medical needs.
7. To take account of statutory responsibility.

**GUIDANCE:**

1. Medicines should only be taken at school when essential; that is where it would be detrimental to a pupil's health if the medicine were not administered during the school day.
2. Medicines that need to be taken 3 times a day will not be administered at school. They should be taken in the morning, after school and at bedtime.
3. School will only accept medicines that have been prescribed by a doctor or dentist. Non-prescribed medication will not be accepted or administered to a pupil by school staff.
4. Parents must request in writing that their child be given medication and any subsequent changes must also be in writing.
5. Medicines must always be provided in the original container as dispensed by a pharmacist and not repackaged. Medicines that have been taken out of the container as originally dispensed will not be accepted.
6. The label should include the date, pupil's name and the prescriber's instructions for administration.
7. Staff receiving medication should read the label carefully, ensure the pupil's name is stated, ensure that they understand the instructions and check prescribed dosage and expiry date.
8. Changes to dosage on parental instruction will not be accepted.

9. Parents must give written consent. It only requires one parent to agree or request that medicines are administered.
10. Where close contact is required with pupils, appropriate PPE will be worn by staff.

#### **STORAGE:**

1. Only the minimum amount necessary should be provided for the pupil. Large volumes of medication should not be stored.
2. Pupils must not keep their own medicines, other than inhalers.
3. Medicines to be kept in the First Aid cupboard in the admin office or in the fridge in the staff room if needed.
4. Epi-pens and inhalers must be clearly marked and easily accessible in case of emergency.
5. In the event of loss, theft or burglary, the headteacher must be informed immediately.
6. Staff to ensure that medicines (including over the counter medicines) are stored in the school office.

#### **ADMINISTRATION OF MEDICATION:**

1. There is no legal or contractual duty on staff to administer medication or supervise a pupil taking it, or carry out personal care tasks required to support children with medical needs. This is a voluntary role.
2. All staff have common law duty to act as any reasonable parent to make sure that children are healthy and safe in school, therefore staff would be expected to assist in an emergency.
3. Pupils may self administer own inhalers, creams etc; therefore school staff will only need to supervise
4. Medicines must only be administered to the person named on the medication.
5. Non-prescription medication for pain relief will only be administered for a maximum of 2 days. i.e. Ibuprofen, Calpol, Paracetamol.
6. No child under the age of 16 must be given medication containing Aspirin unless prescribed by a doctor
7. No-one must be given anyone else's medication under any circumstances. This would be an illegal act.
8. Regardless of age enquiries must always be made as to whether the pupil is taking any other medication, checks must be made to ensure that there are not likely to be adverse health effects from the interaction of the two.
9. Before administering medication check the packaging for child's name, prescribed dose, expiry date, pharmacist's instructions. If in doubt about a procedure, staff should not administer the medication but check with parents and/or health professionals, before taking further action.
10. Confirm the identity of the pupil to be given the medication.
11. There must be an adult witness present when the medicine is administered.
12. Ensure pupil has actually taken the medication. If a pupil refuses to take medication, they should not be forced to take it. Parents/Carers should be informed as soon as possible.

#### **DISPOSAL OF MEDICATION:**

1. Staff should not dispose of medication. Medicines should not be flushed down the sink or the toilet.

2. Parents are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. Date-expired medication or any medication no longer required should be returned to the parent/carer.
3. Parents should collect medicines at the end of each term. Medicines should not be stored over holiday periods in school.
4. Sharps boxes should always be used for the disposal of needles e.g. epi-pens. These can be obtained by parents on prescription from a G.P. Collection and disposal of the boxes should be arranged with the Local Authority environmental services.

#### **INDIVIDUAL HEALTH-CARE PLANS:**

1. Pupils on regular medication or if the regime is complex should have a care plan e.g. asthma, diabetes, ADHD, epilepsy, mobility difficulties.
2. Pupils who have short term illness which requires significant intervention in school should have a care plan for the duration of their treatment. (Short term illness lasting only a few days would not normally merit a care plan). Review arrangements should be agreed by all contributors.
3. The Head Teacher in consultation with the class teacher, parents, support staff and health professionals is responsible for drawing up the care plan. This should include:-
  - Details about the child and his/her condition
  - Name and details of medication, including any side-effects
  - Curriculum Access
  - Special requirements, e.g. dietary needs, pre-activity precautions, facilities, equipment
  - Role of the staff and training requirements
  - Arrangements for off-site activities
  - Emergency procedures:
    - Who is responsible in an emergency
    - what constitutes an emergency
    - what to do
    - what not to do
    - who to contact
4. Care plans will be kept on pupil's files, in the medical room and with support staff.

#### **STAFF TRAINING:**

Staff training should be provided for those staff who will be administering medication and adults who may be working with pupils requiring the use of an epi-pen and pupils with diabetes.

#### **SCHOOL TRIPS**

1. Pupils with medical needs must not be discriminated against and should be encouraged to participate in school trips.
2. Staff should be made fully aware of medical needs of pupil and procedures for administration of medication and relevant safety procedures.

#### **Residential Trips:**

In the case of specific medication required for specific medical conditions the child must always be informed at the start of each day who is in charge of their medication

and at what times, so that they can access it as quickly as possible if needed.'

#### **CONFIDENTIALITY:**

1. This policy should be used in conjunction with the school's confidentiality and equal opportunities policies
2. Pupils have a right to privacy and medical information should be treated as confidential. Medical information should be shared with the minimum number of people possible that would ensure the pupils safety
3. Parental agreement should be sought about passing health information to staff. Sharing information is important if staff and parents are to ensure the best care for the pupil. However, if information is withheld from staff, they should not generally be held responsible if they act incorrectly in giving medical assistance, but act otherwise in good faith.

#### **SPORTING ACTIVITIES:**

1. Most pupils with medical conditions can participate in PE.
2. Some pupils may need to take precautionary measures before or during exercise and may need immediate access to their medication.
3. Staff supervising sporting activities should be aware of the relevant medical conditions, medication requirements and emergency procedures.
4. Any restrictions should be appropriately recorded in the pupil's individual Health Care Plan.

#### **HYGIENE AND INFECTION CONTROL:**

1. Basic hygiene precautions for avoiding infection should be followed, such as washing and drying hands before and after the administration of medication.
2. Disposable gloves should be used as appropriate and extra care taken when dealing with blood or other bodily fluids and when disposing of dressings or equipment.

#### **EMERGENCY PROCEDURES:**

1. Where possible first aiders should provide essential first aid treatment and make an assessment of the situation.
2. Where necessary the ambulance service should be called. Staff should not take pupils to hospital in their own car in an emergency. This can hinder emergency treatment. An ambulance should always be called.
3. Parents should be informed immediately.
4. Any pupil taken to hospital by ambulance should be accompanied by a member of staff, who should remain until a parent/carer arrives. Health professionals are responsible for any decision on medical treatment when parents are not available. Staff should not make any decisions.

