



# Medicines Policy

See also – children with Medical Conditions Policy

*Approved by Governing Body*

Date January 2017

Review January 2019

Signed .....

A handwritten signature in black ink, written over a dotted line. The signature is stylized and appears to be "A. Smith".

Chair of Governors

## **Policy towards medical aspects of school life including procedures for the administration of medicine:**

**This policy has been developed using the framework contained in the guidance provided by Norfolk County Council's Health & Safety Manual.**

Parents are advised in the school brochure and regularly in newsletters that children should be kept at home when they are acutely unwell.

### **Short-Term Medical Needs:**

Some children will need to take medicines during the day at some time during their time in school. This will usually be for a short periods only, e.g. to finish a course of antibiotics. To allow children to do this will minimize the time that they need to be absent. However, such medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the day.

In the above cases only medicines that have been prescribed by a doctor, dentist, nurse practitioner or pharmacist prescriber may be brought into school.

These medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration and dosage.

**The school will never accept medicines that have been taken out of the container as originally dispensed, nor make changes to dosage on parental instruction.**

1. If a child has to take prescribed medicine then all parts of Form MED1 should be completed and signed by the parent and given to a member of the school administrative team.
2. When prescribed medicine is taken during the school day a written record of the date and time of the administration should be kept. Form MED 2 will be used.
3. Inhalers should be kept either by the child in their bag or tray, or a designated place in the classroom, being taken out to games/P.E. in a container to ensure that they are accessible.
4. In general, non-prescription medicines should not normally be administered. However exceptions can be made in certain circumstances, for example analgesics (pain relief), creams and sprays etc. Staff will never give a non-prescribed medicine to a child unless there is specific prior written permission from the parents. Form MED1 should be completed as above. Where a non-prescribed medicine is administered to a child it must be recorded on Form Med 2 and the parents informed. If a child suffers regularly from acute pain the parents should be encouraged to refer the matter to the child's GP.
5. The medicine should not be kept by the pupil but handed to a member of the school administrative team, who will store it either in the inner part of the school office, or the fridge in the staff room if appropriate.
6. Ideally the medicine will be self-administered, under the supervision of an adult. This may be a member of the school administrative team, support staff, or Headteacher. Teaching Staff will not normally be requested to administer medicine to a pupil.
7. If in doubt about any procedures staff should not administer the medicines but check with the parents or a health professional before taking further action.
8. If staff have any concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with the relevant health professional.

**Controlled Drugs:**

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act. Some may be prescribed as medicines for use by children e.g. methylphenidate (Ritalin). These will be kept locked in an office filing cabinet to which only the administrative team or Headteacher has access. The procedure for the administration of these is as for other prescribed medicines.

**Long-Term Medical needs:**

It is important that the school has sufficient information about the medical condition of any child with long-term and/or complex medical needs.

This information is usually given to the school by the parent on the child's admission and in addition, liaison will also take place between the school and the relevant health professional when drawing up a written Health Care Plan for the child. (See Form MED 5 for what to include).

Where necessary named members of staff will receive specific training in managing any identified specific medical needs and support for individual children according to the details of their care plans (e.g. Asthma Link Person, Claire Davies.) When needed all staff have training updates on long-term medical conditions e.g. asthma, epilepsy and diabetes and also on the use of EpiPens for allergic reactions.

Health Care Plans are displayed in the staff room so that they can be drawn to the attention of all other staff as relevant.

**Educational Visits:**

Little Melton Primary encourages children with medical needs to participate fully and in all educational visits and takes into consideration any reasonable adjustments that might be necessary to enable them to do so safely. Risk assessments specific to these children will be carried out.

Arrangements for taking any necessary medicines will be taken into consideration when educational visits are planned, medical details and health care plans are taken on all visits and the procedures above are adhered to.

If staff are concerned about whether they can provide for a child's safety or the safety of other children on a visit they (or the EVC/Headteacher) will seek parental views and medical advice from the school health service or the child's GP.

**Sporting Activities:**

Most children with medical conditions can participate in physical activities and extra-curricular sport. The lessons allow sufficient flexibility for all children to follow in ways appropriate to their own abilities.

Any restrictions should be recorded in either their individual health care plan, or as general information for class teachers. This information is also provided for any supply teachers or PPA cover personnel taking the class, support staff and midday supervisors where relevant and all staff involved are made aware of issues of privacy and dignity for any children with particular needs.

Staff supervising sporting activities will consider whether risk assessments are necessary for some children, and if so will carry these out. E.g. some children will need to take precautionary measures before or during exercise and may also need to be allowed immediate access to their medicines - see above re asthma inhalers.

**Refusing Medicines:**

If a child refuses to take medicine, staff should not force them to do so, but should note this in the records and inform the parents straight away.

### **Action for illness or injury:**

It is the duty of parents to make arrangements for pupils who become unwell at school, by collecting them to take them home, to the doctor or to the hospital, whichever is appropriate.

The school's data system stores all necessary pupil details which can be used in emergency. This is checked and updated annually, and parents are reminded to inform school of changes of circumstances on a regular basis.

If parents or relatives are unavailable when a pupil becomes unwell or injured, neither the Headteacher nor any other member of the teaching or non-teaching staff should take the pupil to hospital themselves save in very exceptional circumstances. Medical advice should be sought and, if necessary, the ambulance service should be used.

When the parents or guardians are unavailable and the Ambulance Service is used, then a member of staff (teaching or non-teaching) should accompany the child to hospital and remain there until either the parents arrive or another member of staff relieves them. Time off in lieu will be arranged if necessary. A copy of the child's emergency data sheet should accompany the child to the hospital.

The school does not accept any responsibility for the diagnosis of an injury or illness, nor should any member of staff indicate a diagnosis. The school will contact parents/guardians and, if there is any doubt whatsoever, recommend that a doctor or hospital be contacted. If necessary, the school will contact the ambulance service directly.

The majority of staff have had basic emergency first aid training and will administer basic first aid in respect of minor injuries. The Schools' trained first aiders are Janice House and Vicky Martins and are the people to call on for anything suspected to be more than a minor injury. They will ascertain whether further help or advice should be sought.

All members of staff, including Midday Supervisors, are made aware of the school's policies and procedures regarding pupils' illness or accidents. First Aid supplies are only accessible to adults. There is also a First Aid box in each classroom. Such supplies are properly stocked, maintained and regularly checked by the class TA's.

All staff should be aware of the importance of using disposable plastic gloves when administering the basic first aid needed to deal with minor cuts, nosebleeds etc. These are kept in the Staff room.

In the event of any head injuries to children, they are also given a sticker and parents informed by telephone if there are any concerns that it is not minor or could result in later effects.

Staff should follow the correct procedure when cleaning up and disposing of 'spillages' e.g. vomit, blood etc. details of which can be found the First aid at work policy displayed in the Staff room. All equipment needed for this is kept in the disabled toilet, the bucket to use is labelled 'Cleaning Spillages'.

When first aid is administered a Record of Treatment form is completed (see file in the staff room). In the case of pupils, a note is sent home informing the parents of the action taken and the reason for this when the injury is considered significant, and always in the event of an injury to the head. In addition staff members would try to speak to whoever collects the child.

In accordance with Children's Services Incident Reporting Guidance a NCC Incident Report Form is completed by the person injured or a member of the administrative team and the Headteacher (or in her absence, a member of the Senior Leadership Team).