



## Houghton Conquest Lower School and Pre-School

### **Medicines Policy and Procedures**

This policy is developed to provide a sound basis for ensuring that children with medical needs receive proper care and support at Houghton Conquest Lower School and Pre-School. If children are acutely unwell then parents should keep them at home and follow the Attendance Policy for notifying the school of the absence.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside of school hours. Ideally once or twice daily medication should be purchased or prescribed for children to avoid the need for dosages to be given during school hours.

All members of staff providing support to a pupil with medical needs will have received the appropriate training. The school keeps records of any training undertaken by members of staff.

#### **Prescribed Medicines**

1. Prescribed medicines should only be taken to school when essential; that is, where it would be detrimental to a child's health or school attendance if the medicine were not administered during the school day. The school will only accept medicines that have been prescribed by a doctor, dentist or appropriately qualified non-medical practitioner. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.
2. Schools should only accept medicines if they are in date, labelled, provided in the original container (for prescribed medicines a pharmacy dispensing label) and include instructions for administration, dosage and storage. The exception to this is insulin, which must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container – see appendix 1.
3. It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents are encouraged to ask the prescriber about this. It is to be noted that many medicines that need to be taken three times a day could be taken in the morning (before a child leaves for school), after school hours (when the child comes home) and at bedtime. The school will, therefore, not administer medicines that are to be taken three times a day.
4. Parents could be encouraged to ask the prescriber to provide two prescriptions, where appropriate and practicable, for a child's medicine: one for home and one for use in the school, avoiding the need for re-packaging or re-labelling of medicines by parents.
5. Parents must complete **FORM 1** (*Parental/guardian consent to administer a prescribed medicine*) together with **FORM 2** (*Record of Medicine Administered to an Individual Child*) before the medicine can be left in school or administered.

## **Asthma**

On taking advice from the School Nursing Team and Asthma UK the school now holds an emergency Salbutamol inhaler. This can only be used on children that have a current asthma plan in place. Permission needs to be obtained from the emergency services to be able to use the emergency inhaler in all other circumstances. We also ask that you provide us with a copy of your child's asthma plan. Our school is now an Asthma Friendly school and we have two members of staff that are dedicated asthma leads.

## **Controlled Drugs**

It is not the policy of this school to administer controlled drugs to children unless prescribed. These drugs should be kept in a locked non-portable container and only named trained staff should have access. A record should be kept for audit and safety purposes.

## **Non-Prescription Medicine**

1. Staff should only ever give non-prescription medicine to a child once **FORM 3** (*Parental/guardian consent to administer non-prescription (over-the-counter) medicine*) has been completed and signed off by the Headteacher.
2. The school should check the instructions on the medicine are in line with what is being requested (eg dose and frequency on the consent matches the guidance on the box for the child's age)
3. Administration of the non-prescribed medicine should be recorded on **FORM 2** (*Record of Medicine Administered to an Individual Child*).
4. A child under 16 should never be given aspirin or medicines containing ibuprofen unless prescribed by a doctor due to the risk of serious side effects from these medications to some individuals.

**Generally, the administration of non-prescription medicine is a rare situation and is unlikely to be agreed by the Headteacher for children under 5 years.**

## **Short-term Medical Needs**

Many children will need to take medicines during the day at some time during their time in school. This will usually be for a short period only, perhaps to finish a course of antibiotics (*if prescribed 4x a day*) or to apply a cream or lotion. To allow children to do this will minimise 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 school day.

## **Long-term Medical Needs**

1. It is important to have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact (direct or indirect) on a child's experiences and the way they function in and out of school.

Direct impact on the child could affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering.

Indirect impact could perhaps mean disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

2. The school needs to know about any particular medical needs before a child is admitted to school, or when a child first develops a medical need. For children who attend hospital

appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a written health care plan for such children involving the parents and relevant health professionals. Such a health plan can include details of the child's condition, special requirements (dietary needs, pre-activity precautions), side effects of the medicines, what constitutes an emergency, what action to take in an emergency, what not to do in the event of an emergency, the role of the staff.

### **Storing Medicines**

Medicines should be stored strictly in accordance with product instructions and in the original container in which dispensed. They must be stored securely and not accessible to children.

All emergency medicines such as asthma inhalers and adrenaline pens should be readily available and not locked away.

A few medicines need to be refrigerated. They can be kept in the staffroom refrigerator containing food, but parents must provide an airtight container (*if the medicine is not in a bottle*), clearly labelled with the child's name, to store the medicine.

### **Administering of Medicines**

1. No child under 16 should be given medicines without their parent's written consent.
2. Medication eg for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken.
3. Staff giving medicines to a child should check:
  - The child's name
  - Prescribed dose
  - Expiry date
  - Written instructions provided by the prescriber on the label or container
4. If in doubt about any procedure or if there are other issues, staff should not administer the medicines but check / discuss with the parents or a health professional before taking further action.

### **Needle Stick Injuries**

As a needle is capable of penetrating the skin, there is a potential health risk that such an injury can result in staff being exposed to blood borne viral infections, such as Hepatitis B or HIV.

It is highly recommended that any staff expecting to come into contact with used sharps have a Hepatitis B inoculation. All relevant staff will be made aware of this service.

### **Needle stick injury procedures**

Administering of injections will be risk assessed. Where there is a risk of staff coming into contact with discarded needles, they will be supplied with an appropriate sharps container.

- Staff must avoid personal contact with sharps and take reasonable steps to avoid 'needle stick injury' where the skin is punctured.
- The sharp should be placed in the approved small sharps container.
- Staff must not re-sheath, cut or bend the needle or carry it in their hands or pockets.
- The Headteacher and designated school medical needs officer will be aware of the location and disposal of any needles.

### **Action to be taken following a needle stick injury**

- Do encourage the wound to bleed (this helps to cleanse it). Do not suck the wound.
- Do, if possible, wash the area with soap and water under running water and cover with a dressing.
- Do report to the Accident and Emergency Department at the nearest hospital, or your own GP on the same day as the injury occurred.
- Do ensure your Line Manager is informed of the incident and that it is recorded using the standard accident report form.
- Do note the name of the needle's user if known.

Remember that early treatment can prevent infections. Do not put yourself or others at risk, be needle wise.

### **Self-Management**

Children's management of their own medicine is not encouraged at this school.

### **Refusing Medicine**

If a child refuses to take medicine staff should not force them to do so but should note this in the records on **FORM 2**. The schools' agreed procedure is to contact parents to update them on the same day of the refusal. If the refusal to take medicine would result in an emergency, the school will contact the emergency services.

### **Disposal of Medicines**

When no longer required, medicines should be returned to the parent to arrange safe disposal. Staff should not dispose of medicines. Parents are responsible for ensuring that date expired medicines are returned to a pharmacy for safe disposal. They should also collect medicines held at the end of each term to check expiry dates. **FORM 2** to be signed off by parent and member of staff when medicine collected.

### **Record Keeping**

1. It is the parent's responsibility to tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required, and staff should make sure that this information is the same as that provided by the prescriber. No medicines should be administered if the instructions on the consent form are different to the guidance on the box or bottle. This would include:-
  - Where the dose or frequency of the medication requested on the consent form is different to the guidance on the bottle or box
  - The timings of medication administration on the consent form are different to the timings on the bottle.
2. If in doubt about any procedure, staff should not administer the medicine but check with the parents or contact a healthcare professional before taking any further action.
3. Prescribed medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:
  - Name of child
  - Name of medicine
  - Dose
  - Method of administration
  - Time/frequency of administration
  - Expiry date (if applicable)

4. Although there is no legal requirement for the school to keep records of medicines given to pupils and the staff involved, it is good practice to do so. Records offer protection to staff and proof that they have followed agreed procedures. **FORM 2** will be used for this purpose. Parents can request this form at any time to view. These are stored in the staffroom next to the medical box and are kept in a confidential file labelled Medicines.
5. The school holds a central record of all medical needs which is updated termly, or as necessary, when parents inform the school in writing of a new medical need. Information about the medical needs of a child is shared with all staff involved in the care of that child.

### **Educational Visits**

1. It is the practice of this school to encourage children with medical needs to participate in safely managed visits. The school will consider what reasonable adjustments will be made to enable children with medical needs to participate fully and safely on visits, which may include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It should also include risk assessments for such children.
2. Additional safety measures may need to be taken for outside visits. It may be that an additional supervisor – a parent or another volunteer – might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures and be suitably trained. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.
3. If staff are concerned about whether they can provide for a child's safety, or the safety of other children on a visit, they should seek parental views and medical advice from the school health service or the child's GP.











### **Sporting Activities**

1. Any restrictions on a child's ability to participate in physical education should be recorded in an individual health care plan. All adults should be aware of issues of privacy and dignity for children with particular needs.
2. Staff supervising sporting activities should consider whether specific risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

### **Monitoring and Evaluation**

This Policy will be reviewed by the Headteacher, staff and Governors.

**Appendix 1: When Schools should accept or NOT accept Medications**

<p><b>Loose Strips of Medication</b></p> <p style="text-align: center;"></p>		<p>Should not be accepted.</p> <p>Medications should only be provided in the original container, they were prescribed purchased in, with appropriated directions.</p>
<p><b>Tablets/capsules/ liquids decanted into another bottle by parent/carer</b></p> <p style="text-align: center;"></p>		<p>Should not be accepted, as parent carer has decanted into a different bottle to the one they were dispensed/purchased in.</p> <p>Medications should only be provided in the original container, they were dispensed or purchased in.</p>
<p><b>Tablets/capsules/ liquids decanted into another bottle by Community Pharmacy</b></p> <p style="text-align: center;"></p>		<p>Can be accepted, as decanted into a different bottle by a community pharmacy and contains a pharmacy label which includes: patients name, name of drug, dose, frequency, date of dispensing and pharmacy details/</p> <p>Expiry dates should be as per the guidance in patient information leaflet (PIL) or maximum 12 months from date on the dispensing label.</p>
<p><b>Insulin pens (not in original box)</b></p> <p style="text-align: center;"></p>		<p>Insulin pens must still be in date, but will generally be available to schools inside an insulin pen or a pump, rather than in its original container.</p> <p>Insulin pens should be stored in the fridge until opened.</p> <p>Most insulin pens will expire within 28 days (See PIL for more information) of opening or if kept as a spare outside of the fridge.</p>
<p><b>Outer carton labelled, tube, bottle not labelled.</b></p> <p style="text-align: center;"></p>		<p>Advise that the actual medication should be labelled, rather than the outer carton.</p>

Houghton Conquest Lower School and Pre-School**Parental/guardian consent to administer a prescribed medicine***(To be completed by parents and signed off by the school)*

- All prescribed medicines must be in the original container as dispensed by the pharmacy, with the child's name, the name of the medicine, the dose and the frequency of administration, the expiry date and the date of dispensing included on the pharmacy label.
- A separate form is required for **each medicine**.

<b>Child's name</b>	
<b>Child's date of birth</b>	
<b>Class/form</b>	
<b>Name of medicine</b>	
<b>Strength of medicine</b>	
<b>How much (dose) to be given.</b> For example: <b>One tablet</b> <b>One 5ml spoonful</b>	
<b>At what time(s) the medication should be given</b>	
<b>Reason for medication</b>	
<b>Duration of medicine</b> <u>Please specify how long your child needs to take the medication for.</u>	
<u>Are there any possible side effects that the school needs to know about? If yes, please list them</u>	

<b>Mobile number of parent/carer</b>	
<b>Daytime landline for parent/carer</b>	
<b>Alternative emergency contact name</b>	
<b>Alternative emergency phone no.</b>	
<b>Name of child's GP practice</b>	
<b>Phone no. of child's GP practice</b>	

- I give my permission for the head teacher /senior pre-school staff member (or his/her nominee) to administer the prescribed medicine to my son/daughter during the time he/she is at school/pre-school. I will inform the school/pre-school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is stopped.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school/pre-school activities, as well as on the school/pre-school premises.
- I confirm that the dose and frequency requested is in line with the manufacturers' instructions on the medicine.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal and supplying new stock to the school/pre-school, if necessary.
- The above information is, to the best of my knowledge, accurate at the time of writing.

<b>Parent/carer name</b>	
<b>Parent/carer signature</b>	
<b>Date</b>	



Houghton Conquest Lower School and Pre-School

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

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			

Date			
Time given			
Dose given			
Name of member of staff			
Staff initials			

**FORM 2 (Continued)**

Date  
Time given  
Dose given  
Name of member of staff  
Staff initials


Date  
Time given  
Dose given  
Name of member of staff  
Staff initials


Date  
Time given  
Dose given  
Name of member of staff  
Staff initials


Date  
Time given  
Dose given  
Name of member of staff  
Staff initials


Date  
Time given  
Dose given  
Name of member of staff  
Staff initials


Houghton Conquest Lower School and Pre-School**Parental/guardian consent to administer non-prescription (over-the counter) medicine***(To be completed by parents and signed off by the Headteacher)*

- All non-prescription (over the counter) medicines must be in the original container.
- A separate form is required for **each medicine**.

<b>Child's name</b>	
<b>Child's date of birth</b>	
<b>Class/form</b>	
<b>Name of medicine</b>	
<b>Strength of medicine</b>	
<b>How much (dose) to be given.</b> For example: <b>One tablet</b> <b>One 5ml spoonful</b>	
<b>At what time(s) the medication should be given</b>	
<b>Reason for medication</b>	
<b>Duration of medicine</b> <u>Please specify how long your child needs to take the medication for</u>	
<u>Are there any possible side effects that the school needs to know about? If yes, please list them</u>	

<b>Mobile number of parent/carer</b>	
<b>Daytime landline for parent/carer</b>	
<b>Alternative emergency contact name</b>	
<b>Alternative emergency phone no.</b>	
<b>Name of child's GP practice</b>	
<b>Phone no. of child's GP practice</b>	

- I give my permission for the Head teacher/senior pre-school staff member (or his/her nominee) to administer the OTC medicine to my son/daughter during the time he/she is at school/pre-school. I will inform the school/pre-school immediately, in writing, if there is any change in dosage or frequency of the medication or if the medicine is no longer needed.
- I understand that it may be necessary for this medicine to be administered during educational visits and other out of school/pre-school activities, as well as on the school/pre-school premises.
- I confirm that the dose and frequency requested is in line with the manufacturers' instructions on the medicine.
- I confirm that my son/daughter has previously taken the medication and has had no known adverse reactions to the medication.
- I also agree that I am responsible for collecting any unused or out of date medicines and returning them to the pharmacy for disposal. If the medicine is still required, it is my responsibility to obtain new stock for the school/pre-school.
- The above information is, to the best of my knowledge, accurate at the time of writing.

<b><u>Parent/carer name</u></b>	
<b><u>Parent/carer signature</u></b>	
<b><u>Date</u></b>	

<b><u>Headteacher's signature</u></b>	
<b><u>Date</u></b>	