



**Ancaster**  
Church of England Primary School

## Medicines in School Policy

*“Be the Best You Can Be!”*

**We must administer medicine in school only when it would be detrimental to a child’s health or attendance not to do so.**

**This document has been created to ensure that we keep children safe and healthy and are clear about procedures when administering medicine and to ensure that staff have access to clear guidelines, training and record all medicines administered.**

# Ancaster Church of England Primary School

## MEDICINES IN SCHOOLS PROCEDURE

### POLICIES TO REFERENCE - SUPPORTING PUPILS WITH MEDICAL CONDITIONS POLICY AND STATUTORY FRAMEWORK FOR THE EARLY YEARS FOUNDATION STAGE

The Governing Body should ensure that the school's policy is clear about the procedures to be followed for managing medicines. Medicines should only be administered at school when it would be detrimental to a child's health or school attendance not to do so.

#### **1. Medicines in schools**

There is no legal duty which requires school staff to administer medicine; this is a **voluntary role**. Staff who provide support for pupils with medical needs or who volunteer to administer medicine will require access to relevant information and training.

No child under 16 should be given prescription or non-prescription medicines without their parent's written consent – except in exceptional circumstances where the medicine has been prescribed to the child without the knowledge of the parents. In such cases, every effort should be made to encourage the child or young person to involve their parents while respecting their right to confidentiality.

A child under 16 should never be given medicine containing aspirin unless prescribed by a doctor. Medication, e.g. for pain relief, should never be administered without first checking maximum dosages and when the previous dose was taken. Parents should be informed.

Where clinically possible, medicines should be prescribed in dose frequencies which enable them to be taken outside school hours.

The school should only accept prescribed medicines that are in-date, labelled, provided in the original container as dispensed by a pharmacist 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.

#### **2. Non-Prescription Medication**

The school will not generally give non-prescribed medication to pupils. If a pupil regularly suffers from acute pain, such as migraine, parents should supply and authorise appropriate pain killers for their child's use, with written instructions from, and signed by, a medical practitioner. Children are not permitted to bring cough sweets into school. These should be given by parents away from the school site. If a parent wishes to come into school to administer giving a cough sweet, and remaining until the sweet is eaten, this is permissible.

On residential visits, the school will send a letter prior to the visit to ask permission from parents to administer children's pain killers, such as Calpol, should the need arise whilst the child is away from home.

### **3. Storage of Medicines on the School site**

All medicines should be stored safely. Children should know where their medicines are at all times and be able to access them immediately. Medicines and devices such as asthma inhalers, blood glucose testing meters and adrenaline pens should be always readily available to children and not locked away.

A child who has been prescribed a controlled drug may legally have it in their possession if they are competent to do so, but passing it to another child for use is an offence. Monitoring arrangements may be necessary. The school will otherwise keep controlled drugs that have been prescribed for a pupil securely stored in a non-portable container. Only named staff should have access. Controlled drugs should be easily accessible in an emergency. A record will be kept of any doses used and the amount of controlled drug held in school.

Any medication should be in a container that is labelled with the name of the pupil, name and dose of the drug and frequency of administration and within expiry date. Where a pupil needs two or more prescribed medicines, each should be in a separate container. Non health care staff should not transfer medicines from their original containers.

Medicines are kept in a locked medical cabinet in the first aid room or where necessary in the staffroom fridge, in a clearly labelled container. This fridge is restricted access.

Where required, certain medication will be kept in the child's classroom in a secure and restricted access location and the first aid room in the event of an emergency. (e.g. epi-pens)

### **4. Administering Medicines**

School staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicines should do so in accordance with the prescriber's instructions. The member of staff should keep a record of all medicines administered to individual children, stating what, how and how much was administered, when and by whom. Any side effects of the medication to be administered at school should be noted.

No pupil under 16 should be given medication without written parental consent. Authorised personnel should check:

- Pupil's name
- Written instructions provided by doctor
- Prescribed dose
- Expiry date

Parents are responsible for supplying information about medicines and for letting the school know of any changes to the prescription or the support needed. Parents/carers are responsible for ensuring any medication kept in school is contained in the original packaging, within the expiry date and to replace any medication with a replacement before expiry.

### **5. Refusing Medication**

If pupils refuse to take medication, the school will not force them to do so and will inform parents immediately.

### **6. Record Keeping**

Governing Bodies should ensure that written records are kept of all medicines administered to children. Records offer protection to staff and children and provide evidence that agreed procedures have been followed. Parents should be informed if their child has been unwell at school.

Once medicine has been administered, the Log for Recording Medicine administration should be completed by the authorised personnel (Appendix 2). Two members of staff should always be present with medication is administered and authorised. The log shall contain:

- Date
- Child's name
- Time administered
- Name of medication
- Expiry date on the medication
- Dosage details from the label
- Dosage given to the child
- Signature of two staff members

### **7. School Trips**

Pupils with medical needs are encouraged to participate in visits. Staff are made aware of any medical needs and arrangements for taking any necessary medication are put in place.

Sometimes an additional adult might accompany a particular pupil. There may also be the need to undertake a risk assessment for a particular child.

### **8. Sporting Activities**

Our PE and extra-curricular sport is sufficiently flexible for all pupils to follow in ways appropriate to their own abilities. Some pupils may need to take precautionary measures before or during exercise and be allowed immediate access to their medication if necessary, inhalers for example. Teachers supervising sporting activities are made aware of relevant medical conditions.

## **9. Disposal of Medicines**

When no longer required, medicines should be returned to the parent to arrange for safe disposal. The school does not dispose of medicines. Parents should collect medicines held at school and are responsible for the disposal of out-of-date medicines.

Sharps boxes should always be used for the disposal of needles and other sharps.

## **10. Hygiene Control**

Staff are familiar with normal precautions for avoiding infection and should follow basic hygiene procedures. Staff have access to protective disposable gloves and take care when dealing with blood or other bodily fluids and disposing of dressings or equipment.

Staff should ensure that parents/carers of children who are ill or infectious are contacted and sent home. The staff member should then take necessary steps to prevent the spread of infection, and take appropriate action to ensure that areas and equipment are thoroughly cleansed and sterilised to prevent any spread.

## **11. Emergency Procedures**

Governors should ensure that the school's policy sets out what should happen in an emergency situation. As part of general risk management processes, the school will outline details of emergencies and have an incident plan in place.

Staff know how to call the emergency services. A pupil taken to hospital by ambulance will be accompanied by a member of staff.

Generally staff should not take pupils to hospital in their own car. However, in an emergency it may be the best course of action. The member of staff should be accompanied by another adult and have public liability vehicle insurance.

## **12. Health Care Plans**

Where a child has an individual healthcare plan, this should clearly define what constitutes an emergency and explain what to do, including ensuring that all relevant staff are aware of emergency symptoms and procedures. Other children in the school should know what to do in general terms, such as informing a teacher immediately if they think help is needed.

The plans may identify specific training needed by volunteer staff. Staff should not give medication without appropriate training.

Training is given on an individual child basis, by the local health authority (usually the school nurse) for administering rectal diazepam, taking blood oxygen levels and for medical procedures required in school.

Agreeing to administer intimate or invasive treatment is entirely up to each individual member of staff. No pressure is put on staff to assist in treatment.

Two adults should be present for the administration of intimate or invasive treatment, unless there are exceptional circumstances or agreed within a Health Care Plan

Governors should ensure that the school is clear regarding unacceptable practice. Staff should use their discretion and judge each case on its merits with reference to the child's individual healthcare plan. It is generally not acceptable practice to:

- Prevent children from easily accessing their inhalers and medication and administering their medication when and where necessary
- Assume that every child with the same condition requires the same treatment
- Ignore the views of the child or their parents; or ignore medical evidence or opinion
- Send children with medical conditions home frequently or prevent them from staying for normal school activities, including lunch, unless this is specified in their individual healthcare plans
- If the child becomes ill, send them to the school office or medical room unaccompanied or with someone unsuitable
- Penalise children for their attendance record if their absences are related to their medical condition, e.g. hospital appointments
- Prevent pupils from drinking, eating or taking toilet or other breaks whenever they need to in order to manage their medical condition effectively
- Require parents, or otherwise make them feel obliged, to attend school to administer medication or provide medical support to their child, including with toileting issues. No parent should have to give up working because the school is failing to support their child's medical needs
- Prevent children from participating, or create unnecessary barriers to children participating in any aspect of school life, including school trips, e.g. by requiring parents to accompany the child

### **Appendices:**

Appendix 1: Permission to administer medicines form

Appendix 2: Record of administration of medicine

Associated resources:

The Medicines Act 1968 specifies the way that medicines are prescribed, supplied and administered in the UK and places restrictions on dealings with medicinal products, including their administration.

Section 2 of the Health and Safety at Work 1974, and the associated regulations, provides that it is the duty of the employer (the local authority or governing body) to take reasonable steps to ensure that staff and pupils are not exposed to risks to their health and safety.

Under the Misuse of Drugs Act 1971 and associated Regulations the supply, administration, possession and storage of certain drugs are controlled. Schools may have a child who has been prescribed a controlled drug.



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**Prescribed Medicines in School**

**Request Form for Parent/Guardian to Complete**

**Teaching staff will endeavor but cannot guarantee to administer prescribed medicines or supervise pupils taking them, though this is purely voluntary. They will not give your child medicine or supervise unless you complete and sign this form.**

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**DETAILS OF PUPIL**

Surname .....

Forename (s) .....

Address .....

M / F ..... Date of Birth ..... Class .....

Condition of Illness .....

**MEDICATION**

Name/Type of Medication (as described on the container) .....

For how long will your child take this medication .....

Date Dispensed ..... Expiry Date .....

**FULL DIRECTIONS FOR USE:**

Dosage and Method as described by the doctor on the medication  
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Timing .....

Special Precaution/Storage .....

Side Effects .....

Procedures to take in an Emergency .....

I understand that the medicine must be delivered personally to and collected from:

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Signed ..... Date .....

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**CARRYING OWN MEDICATION (asthma inhalers/diabetic equipment)**

I would like my son/daughter to keep his/her medication on him/her for use as necessary

Signed ..... Date .....

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**SELF ADMINISTRATION**

I would like my son/daughter to manage his/her own medication and take the medicine himself/herself with a member of teaching staff present;

Signed ..... Date .....

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**CONTACT DETAILS**

Name ..... Daytime Telephone number .....

Address .....

Relationship to child .....