



Pathfinder

Multi Academy Trust

POLICY FOR THE MANAGEMENT OF MEDICINES IN SCHOOL

Secondary School

This policy has been adopted by the Board of Directors of the Pathfinder Multi Academy Trust and is applicable across all schools that make up the Pathfinder Multi Academy Trust. In line with the MAT's Scheme of Delegation, this Policy must be duly applied by each Local Governing Committee and the Head Teacher of each school that is part of the Pathfinder Multi Academy Trust.

Where there are specific details or any discretions in the policy that apply to an individual school or Local Governing Committee this has been made clear within the wording of the policy.

This policy will be monitored regularly by the MAT Head Teachers Group and reviewed formally by the Pathfinder MAT Board of Directors in line with the agreed timetable for policy review or sooner as events or legislation changes require.

DATE ADOPTED: February 2017

DATE FOR REVIEW: February 2019

Pathfinder Multi Academy Trust

POLICY FOR THE MANAGEMENT OF MEDICINES IN SCHOOL

INTRODUCTION

This policy allows school staff to administer prescribed medicines to pupils.

PMAT is committed to reducing the barriers to participation in activities and learning experiences for all children. This policy sets out the steps which PMAT will take to ensure full access to learning for all children who have medical needs and are able to attend PMAT.

Medicines should only be taken to PMAT when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school 'day'.

The Headteacher will accept responsibility in principle for members of the school staff giving or supervising pupils taking prescribed medication during the school day, where those members of staff have volunteered to do so. **There is no legal duty which requires school staff to administer medication; this is purely a voluntary role.** If staff follow documented procedures, they are fully covered by their employer's public liability insurance.

PMAT will ensure that staff receive proper support and training where necessary. The headteacher or teacher in charge will agree when and how such training takes place, in their capacity as a line manager PMAT will access support and training via the agreed City of York pathways outlined in **Appendix A**.

All practices and procedures referred to in this document reflect the collaborative agreement reached between City of York Council Learning, Culture and Children's Services, York Hospitals Foundation Trust, North Yorkshire and York Primary Care Trust, Teaching Unions and UNISON. The policy is based on the DfES 2005 (now DCFS) publication 'Managing Medicines in Schools and Early Years Settings,' updated in November 2007.

This policy is available to view on the school website.

This policy has been agreed by (the Governors) and is reviewed annually.

Signed: _____
(Chair of Governors)

Signed: _____
(Headteacher/Manager)

Date: _____

1. Prescribed Medicines

Medicines should only be brought into PMAT when essential. Where possible parents/carers are encouraged to ask doctors to prescribe medication in dose frequencies which can be taken outside school hours e.g. three times a day where medicine can be given before school, after school and at bedtime.

It is the responsibility of parents/carers to supply written information about the medication their child needs to take in PMAT. Staff should check that any details provided by parents/carers are consistent with instructions on the container or on the consent form. Medicines will not be accepted anywhere in PMAT without prior agreement of the Headteacher. Complete written and signed instructions from parent/carer are required (Form 3 and 4).

Medicines must always be provided in the original container as dispensed by a pharmacist and handed directly to the school office. Each item of medication must include the prescriber's instructions for administration. Medicines that have been taken out of the container as originally dispensed will not be accepted. Parental requests for changes to dosages will not be made without receiving a new supply which is correctly labelled or a written request from the doctor. This will require an amendment to Form3.

Parents/carers or the child's doctor should provide the following details as a minimum:

- Name of child
- Name and strength of medication
- Dosage
- Time, frequency and method of administration
- Length of treatment
- Date of issue
- Expiry date
- Possible side-effects
- Storage details
- Other treatment

Parents/Carers are responsible for collecting their child's medication at the end of each day, if required at home, or for making any necessary arrangements with out of school providers e.g. Kids Club. Parents/Carers are responsible for ensuring that medicines are not out of date.

Surplus or out-of-date medication will be returned to parent/carers for safe disposal.

For some children if administering medication requires adjustments to school/staff timetabling or additional training, a period of time for school preparation may be required. Likewise, if administering specific medicines or monitoring children then similar time allowances should be made.

Spare Asthma inhalers and Epipens will be kept in Reception, in a labelled container which is recognisable by all staff and the children concerned. Children must carry their inhaler or Epipen with them in their bag at all times.

2. Controlled Drugs

PMAT agrees in principle to the administration of controlled drugs (eg methylphenidate), provided that the correct procedures are followed, as outlined in this policy and in accordance with the Misuse of

Drugs Act. The controlled drug will be kept in a locked nonportable container and only named staff will have access to it. A record will be kept for audit and safety purposes, as for other medication.

Misuse of a controlled drug, such as passing it to another child for use, is an offence. If this occurs PMAT will inform parents and where necessary the police.

3. Non-prescribed Medicines

PMAT will give non-prescription over the counter medicines if a parent feels that a non-prescribed medicine is essential during the school day. Parents may apply to the Headteacher using **Request Form for PMAT to administer Non-Prescribed Medication**. Parents/carers can come into school to personally administer medicine to their child. This should be between 1.1pm and 1.30pm.

4. Short Term Medical Needs

Medicines should only be taken to PMAT when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school 'day'. In certain circumstances, eg completing a course of antibiotics or when medicine needs to be taken four times a day, parents may apply to the Headteacher using **Request Form for PMAT to administer Prescribed Medication**.

To enable the school to provide this service for parents we will administer medication at the following time **only**, when a member of staff will be available.

Lunchtime between 1.10pm and 1.30pm.

School cannot be held responsible for missed doses (see statement on Request Form which reads *"School will endeavour to administer medicines at the stated times however parents should be aware that due to the demands of a school day, this cannot be guaranteed"*).

5. Long Term Medical Needs/Individual Health Care Plan

Where there are long-term medical needs requiring medication, an Individual Health Care Plan may be completed, using **Form 2**. PMAT will involve parents and other relevant parties such as:

- Headteacher or head of setting
- Child (if appropriate)
- Class Teacher/Phase Leader
- Staff who are nominated to administer medicines
- Staff who are trained in emergency procedures
- Specialist teacher for Physical Disability/Medical needs
- Health professionals (when appropriate and in line with local agreement).

In the case of long term medication, PMAT will agree with parents/carers how often they should jointly review the individual health care plan. This will be at least once a year, or when circumstances change. In exceptional and/or complex cases, Emergency Treatment Plans will be initiated and written by health care professionals, then shared with schools and settings. The 'named' health professional will be contacted if an Emergency Treatment Plan has been actioned so that appropriate de-briefing can occur.

If there are any special religious and/or cultural beliefs which may affect any medical care that the child needs, particularly in the event of an emergency, this will be included in the individual health care plan (**Form 2**).

7. Dealing with medicines safely

7.1 Storage

PMAT will ensure that all emergency medicines such as asthma inhalers and adrenaline pens are readily available to children and not locked away.

Medicines are stored strictly in accordance with the product instructions (paying particular note to temperature) and in the original container in which it was dispensed. Medicines which need to be refrigerated are kept in a refrigerator in the medical room. This is located in a locked cupboard. Children are told where their own medicines are stored and who holds the key. Staff should be aware of the implications for safe storage of their own medicines.

In order to ensure the safety of all children, under no circumstances should medicines, either prescribed or un-prescribed, be given to pupils to keep in their possession at school. The only exception to this would be the carrying of asthma inhalers and Epipens.

7.2 Administration of Medicines

No child under 16 can be given medication by staff employed by the school or setting, without their parent/carer's written consent.

Staff giving medicines will routinely check

1. the child's name
2. prescribed dose
3. expiry date
4. written instructions provided by the prescriber the child's parent/carer.

7.3 Record Keeping

PMAT will keep a record of medicines given to children and the staff involved (with the exception of asthma inhalers). *This is a legal requirement for early years settings. (Record of a Medicine Administered to an Individual Child)*

This will also apply to off-site activities eg residential trips etc.

A record will be kept of all medicines received, including quantity, even if they are not subsequently administered.

7.4 Refusing Medication

If a child refuses their medication, PMAT staff will not force them to take it but will note it in the records. PMAT will provide parents/carers with details of when medication has been refused or has not been administered for any other reason, on the same day. If a refusal to take medicines results in an emergency, PMAT's emergency procedures will be followed.

8. Sporting Activities

PMAT will ensure staff are aware if a child requires medication as a precautionary measure before taking part in PE or other physical activity, along with any emergency procedures. Risk assessments will be carried out if considered necessary.

If a child wears a MedicAlert[®] (eg a bracelet or necklace to alert others to a specific medical condition in case of an emergency) it may be necessary to consider removing it temporarily in certain circumstances, if there is a risk that it could cause injury in games or practical activities. If temporary removal is agreed in the health care plan, staff will be aware of the significance of the MedicAlert[®] and will keep it safe.

9. Educational Visits

PMAT is aware of its responsibilities under the Disability Discrimination Act and will make every effort to continue the administration of medication to a child whilst on trips away from the PMAT premises, even if additional arrangements are required.

Appropriate risk-assessments will be undertaken and agreed with the parent/carer.

Arrangements for taking any necessary medicines will be considered. Staff will be made aware of children's medical needs, procedures for the administration of medication and relevant emergency procedures. Concerns about a child's safety or the safety of others will be discussed with parents/carers and advice sought from the health visitor, school nurse or the child's GP.

10. Home/school transport

If supervision is necessary whilst travelling on Local Authority transport, this will usually be identified in the child's Education, Health and Care Plan. Where appropriate and with parental agreement, individual health care plans will be shared with home-school transport escorts and respite care providers.

11. Disposal of Medicines

Parents/carers are responsible for disposing of medicines safely, including ensuring that date expired medicines are returned to the pharmacy for safe disposal. Parents/carers are requested to collect medicines held at the end of each term. A record will be made using **Form 3** of all medicines returned to parents/carers.

If parents/carers do not collect all medicines, they will be taken to the local pharmacy for safe disposal. A record of disposal will be made on **Form 3**.

12. Hygiene/Infection Control

All staff are aware of basic hygiene precautions for avoiding infection, such as washing and drying hands before and after the administration of medicines.

Staff will have access to protective, disposable gloves. Extra care will be taken when dealing with spillages of blood or other bodily fluids and when disposing of dressings or equipment. A sharps container will be used for needles. Parents are responsible for its provision, collection and disposal.

13. Training

PMAT will ensure that staff receive proper support and training where necessary. The headteacher or deputy headteacher will agree when and how such training takes place, in their capacity as a line manager.

PMAT will access support and training via the agreed City of York pathways outlined in Appendix A.

PMAT will work within the CYC 2009 policy '*Managing Medicines in York Schools Early Years and Out of School Settings*' when responding to the needs of children with the following common conditions:

Asthma

Epilepsy

Diabetes

Anaphylaxis

General awareness raising provided through the pathway in Appendix A will cover:

- The employer's policy on administration of medicines
- Tasks staff should not undertake
- Understanding labels and other instructions
- Administration methods eg tablets, liquids, ointments, eye drops, inhalers etc
- Infection control measures
- Side effects or adverse reactions to medicines and medical procedures and how to report this
- Recording the administration or failure to administer eg if a child refuses medicines
- How and when to contact the child's parent, GP, nurse etc
- Safe storage of medicines
- Disposal of waste materials
- Awareness of policies on infectious diseases
- Awareness of policies on admitting children with or recovering from illnesses

Child specific training will be accessed via the agreed pathway in Appendix A.