



## Use of Medicines Policy

**St Anne's Fulshaw CE Primary School**  
**Use of Medicines Policy**

The Headteacher is responsible for developing policy and detailing practices for administration of medicines in their school and to ensure that all parents and staff are aware of the procedures.

**Parental Responsibility in Respect of Children's Medical Needs**

In general a competent young person may give consent to any surgical medical or dental treatment. For younger pupils parental consent does not constitute a problem in the vast majority of cases. Sometimes a member of staff does meet the problem of a young person belonging to a religious body, which repudiates medical treatment. Normally the parent will make the decision and this should be regarded as the most desirable course of action. However, the problem could be urgent or the parent unavailable. Parents who have specific beliefs which have implications for medical treatment should make their views and wishes known to the school so that the consequences of their beliefs can be discussed and, if possible, accommodated. In an emergency a member of staff would have recourse to ordinary medical treatment.

If a young person is being taken on a school journey where medical treatment may be needed and the parent is not prepared to give written instructions and an indemnity on the subject of medical treatment, the school might decide that the young person should not go on the journey, harsh as this may appear to be.

If a member of staff undertakes responsibility for administering medicines and a young person were to have an adverse reaction, in the event of a claim by the parent/guardian then the Authority will indemnify the member of staff concerned, subject to legal liability being established, and if he/she has reasonably applied this policy.

**A Written Agreement for the Administration of Medicines**

Schools should only accept medicines that have been prescribed by a doctor, dentist or nurse prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescribers instructions for administration.

**Schools should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosage on parent's instructions.** Ideally if medicines are prescribed in dose frequencies which enable it to be taken outside school hours, parents could be encouraged to ask their prescriber about this.

The school must receive a written request from the parent giving clear instructions regarding required dosage. The necessary form should be completed by the parent whenever a request is made for medicine to be administered on each and every occasion. This request should be reviewed annually. (See Appendix 1 for a typical request form)

**Procedures for Managing Prescription Medicines**

Any nominated member of staff may administer a controlled drug to the young person for whom it has been prescribed (in accordance with the prescriber's instructions). A young person who has been prescribed a controlled drug may legally have it in their possession. It is permissible for schools to look after a controlled drug, where it is agreed that it will be administered to the young person for whom it is prescribed.

Schools must keep controlled drugs in a lockable non-portable container and only named staff have access to it. A record must be kept for audit purposes.

**Circumstances in Which Children May Take Non Prescription Medicines**

Staff should never give a non-prescribed medicine to a young person unless there is a specific prior written agreement from parents. For example if a young person suffers from frequent or acute pain the parents should be encouraged to refer the matter to their GP.

### **Risk Assessment and Management Processes**

Staff with a young person with medical needs in their class or group should be informed about the nature of the condition and when and where the young person may need extra attention. All staff will be aware of the school's policy and procedures.

### **The Roles and Responsibilities of Staff Managing the Administration of, or Supervising the Administration of Medicines**

Where possible the medicine, in the smallest amount should be brought into school by the parent, or their nominee and it should be delivered personally to the Headteacher or their nominated member of staff. If a young person brings to school any medicine for which the Headteacher has not received written notification, the staff at the school will not be responsible for that medicine.

Only one member of staff at any one time should administer medicines to a young person (to avoid the risk of double dosing). However there may be circumstances where an additional member of staff may check doses before they are administered. Arrangements should be made to relieve the member(s) of staff from other duties while preparing or administering doses (to avoid the risk of interruption before the procedure is completed). If more than one person administers medicines a system must be arranged to avoid the risk of double dosing.

### **Staff Training in Dealing with Medical Needs**

All staff will receive the appropriate training to deal with more common medical conditions annually from the School Health Team.

### **Safe Storage of Medicines**

Large volumes of medicines should not be stored. Medicines should be stored strictly in accordance with the product instructions and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labeled with the name of the young person, name and dosage of the medicine and the frequency of administration.

A few medicines need to be refrigerated. They can be kept in a refrigerator containing food but should be in an airtight container and clearly labeled. There should be restricted access to refrigerators holding medicines.

School nurse or the district pharmacist can advise on the design and position of safe storage of medicines. They can also offer advice on suitable temperatures required for certain items, possible damage by exposure to light and the lifespan of certain medicines.

The young person should know where their own medicines are being stored and who holds the key. All emergency medicines, i.e. asthma inhalers and adrenalin pens should be readily available to the young person and should not be locked away.

All medicines, including controlled drugs, should be returned to the parent, when no longer required, for them to arrange for safe disposal. They should also collect medicines held at the end of each year. If parents do not collect all medicines they should be taken to a local pharmacy for safe disposal.

### **Record Keeping**

Schools should keep written records each time medicines are given and staff should complete and sign this record. (See Appendix 2). Good records help demonstrate that staff have followed the agreed procedures. In early years settings such records **must** be kept. If

a young person refuses to take medicine, staff should not force them to do so, but should note this in the records and follow agreed procedures. Parents should be informed of the refusal on the same day.

### **Assisting Young People with Long Term or Complex Medical Needs**

It is important to have sufficient information about the medical condition of any young person with long-term medical needs. Schools need to know about any particular needs before the young person attends for the first time or when they first develop a medical need. It is helpful to develop a written Health Care Plan for such a young person, involving the parents and relevant health professionals. Such plans would include the following:-

- Details of the young person's condition
- Special requirements i.e. dietary needs, pre-activity precautions
- Any side effects of the medicines
- What constitutes an emergency
- What action to take in an emergency
- Who to contact in an emergency
- The role staff can play

(See Appendix 3 for an example Health Care Plan.)

Some children require types of treatment such as the administration of rectal valium, assistance with catheters or the use of equipment for young people with tracheotomies. Only staff who have been appropriately trained are to administer such treatment. This must be in accordance with instructions issued by the paediatrician or G.P. Training in invasive procedures should be conducted by qualified medical personnel e.g. School Nurse, or Specialist Nurse. For the protection of both staff and young people a second member of staff must be present while more intimate procedures followed.

Where it is known in advance that a young person may be vulnerable to life-threatening circumstances the school should have in place an agreed Health Care Plan. This should include the holding of appropriate medication and appropriate training of those members of staff required to carry out the particular medical procedures.

### **Young People Carrying and Administering Their Own Medicines**

It is good practice to support and encourage young people, who are able, to take responsibility to manage their own medicines and schools should encourage this. There is no set age when this transition should be made. Health professionals need to assess, with parents and young person, the appropriate time to make this transition. This should be recorded in the young person's Health Care Plan. If the young person can take their own medicine themselves, staff may only need to supervise the procedure.

### **Access to School's Emergency Procedures**

All schools should have arrangements in place for dealing with emergency situations. This may be part of the school's First Aid procedures. Individual Health Care Plans should include instructions as to how to manage a young person in the event of an emergency and identify who is the responsible member of staff, for example if there is an incident in the playground a lunchtime assistant needs to be very clear of their role.

Whether or not Headteachers agree to administer medication or other treatment, the school should devise an emergency action plan for such situations after liaising with the appropriate community paediatrician or Specialist Nurse etc. This has implications for school journeys, educational visits and other out of school activities. There may be occasions when individual young people have to be excluded from certain activities if appropriate safeguards cannot be

guaranteed.

### **Procedures for Managing Prescription Medicines on School Visits and Outings**

During an Educational Visit involving a residential or overnight stay (when a parent is unlikely to be available to administer pain /flu relief to their child) an appropriate pain/flu relief may be administered so long as the parent has given consent and specified the medicine on the '**Parent/Guardian Consent for an Educational Visit**' form which is available in Appendix 6 of the Local Authority's Educational Visits and Overnight Stays' guidance note.

**A young person under 16 should never be given aspirin or medications containing ibuprofen unless prescribed by a doctor**

Schools should consider what reasonable adjustments they may need to make to enable young people with medical needs to participate fully and safely on visits, i.e. review existing policy and procedures and ensure risk assessments cover arrangements for such young people. Arrangements for taking any necessary medicines will need to be taken into consideration. Staff supervising excursions should always be aware of the medical needs and relevant emergency procedures. A copy of the individual's Health Care Plan available during the visit could be beneficial in the event of an emergency.

If staff are concerned about whether they can provide for a young person's safety, or the safety of others, on a visit, the school should seek parental views and medical advice from the school health service and/or the young person's GP, Specialist Nurse or Hospital Consultant.

Reviewed 20.05.24

## APPENDIX ONE

SCHOOL .....

### REQUEST FOR THE SCHOOL TO GIVE MEDICATION

Dear Headteacher,

I request that ..... (Full name of Pupil) be given the following medicine(s) while at school:

Date of birth ..... Group/class/form .....

Medical condition or illness .....

Name/type of Medicine .....  
(as described on container)

Expiry date..... Duration of course.....

Dosage and method ..... Time(s) to be given.....

Other instructions .....

Self administration Yes/No (mark as appropriate)

The above medication has been prescribed by the family or hospital doctor (Health Professional note received as appropriate). It is clearly labelled indicating contents, dosage and child's name in FULL.

Name and telephone number of GP .....

I understand that I must deliver the medicine personally to (agreed member of staff) and accept that this is a service that the school/setting is not obliged to undertake. I understand that I must notify the school/setting of any changes in writing.

Signed .....Print Name .....  
(Parent/Guardian)

Daytime telephone number .....

Address .....

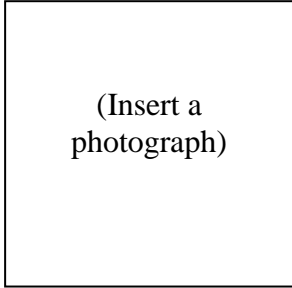
Note to parents:

1. Medication will not be accepted by the school unless this form is completed and signed by the parent or legal guardian of the child and that the administration of the medicine is agreed by the Headteacher.
2. Medicines must be in the original container as dispensed by the Pharmacy.
3. The agreement will be reviewed on a termly basis.
4. The Governors and Headteacher reserve the right to withdraw this service.



**APPENDIX THREE**

**ADMINISTRATION OF MEDICINES FOR YOUNG PEOPLE  
HEALTH CARE PLAN**



SCHOOL .....

Young person's name .....

Date of birth .....Group/class/form .....

Young person's address .....  
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Medical diagnosis or condition .....  
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Date .....Review date .....

**Family Contact Information**

Name ..... Phone no. (work) .....  
(home)..... (mobile) .....

Name ..... Phone no. (work) .....  
(home)..... (mobile) .....

**Clinic/Hospital Contact**

Name ..... Phone no. ....

G.P Name..... Phone no. ....

Describe needs and give details of young person's symptoms.

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Medicines to be kept in .....



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Daily care requirements (e.g. before sport/at lunchtime).

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Describe what constitutes an emergency for the child, and the action to take if this occurs.

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Follow up care.

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Who is responsible in an emergency (state if different for off-site activities)?

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Form copied to:

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