

Chivenor J&I School



Managing Medication in School

September 2007

Introduction

The supervising or giving of medication to children is a parental responsibility but there are times when school staff may be asked to perform this task. They cannot be directed to undertake this role but may do so voluntarily after appropriate training and in accordance with Local Authority guidelines.

Unless children are acutely ill they are encouraged to attend school. The aim is to keep children in school rather than restrict their education through exclusion on medical grounds. Sometimes it may be necessary for children to take medication during school hours. The policy and procedures developed by Chivenor J&I School are primarily designed for the benefit of the child but also to maintain the safety of school staff and other pupils.

Children with special medical needs will have an individual care plan developed in partnership with parents, school staff, school nurse and medical advisers.

Children will be taught about illness and disability and should be encouraged to respect medication. Fostering such an attitude may help to avoid possible problems of abuse.

1. General Principles

- 1.1 School staff will treat all medical information as confidential.
- 1.2 On the child's admission to school the parent/carer will be asked to complete an admission form giving full details of medical conditions, any regular/emergency medication required, name of GP, hospital consultants, emergency contact numbers, allergies, special dietary requirements and any other relevant information.
- 1.3 Parents/carers are encouraged to ask the child's doctor to prescribe medication which can be administered outside school hours wherever possible
- 1.4 Clear procedures exist for safe receipt, storage, administration and disposal of medication.
- 1.5 There will be adequate access to and privacy for the use of medication
- 1.6 If staff have any concerns related to the administration of medication, staff should not administer the medication but check with the parents/carers or a healthcare professional.
- 1.7 The names of the school nurse and school doctor should be known by the appropriate staff.

2. Responsibilities

- 2.1 The headteacher will work with the Office staff to oversee medication procedures.
- 2.2 It is the duty of all staff to ensure they are familiar with the medication policy and procedures. The headteacher and Office staff will ensure that the appropriate training and support is provided, including the action to be taken in the event of an incident involving medication.
- 2.3 If a child needs to receive medicine during the school day, parents/carers must complete the appropriate form (See appendix) at the school office, which details all the appropriate information. This should be kept by the staff member responsible for administering the medicine. Verbal instructions are not acceptable.
- 2.4 The medication must be handed over by the parent/carer to the headteacher or a named member of staff.
- 2.5 The medication should be in the original container dispensed by the pharmacist and must be clearly labelled with:
 - name of child
 - name of medication
 - strength of medication
 - how much to give i.e. dose
 - when it should be given
 - length of treatment/stop date, where appropriate
 - any other instructions
 - expiry date whenever possible

NB: The label "To be taken as directed" does not provide sufficient information. Precise information must be supplied.

- 2.6 Where there is no expiry date, the medicine should have been dispensed in the last 6 months.
- 2.7 Liquid medicines should be accompanied by a 5ml medicine spoon or oral syringe.
- 2.8 If the medication and/or dosage needs to be changed or discontinued the school must be informed in writing by the parent/carer.
- 2.9 It is the parent/carer's responsibility to make sure that medication is replenished when needed.

2.10 Parents/carers must ensure that their child understands their responsibility if they carry their own medication, for example, an inhaler for asthma. The school may ask the school nurse to assess a child if medication is to be self-administered.

3. Storage of Medication

3.1 Children may be encouraged to be responsible for their own medication e.g. asthma inhaler, depending upon the child's capabilities and with the agreement of parents, the school and, where necessary, the School Nurse.

3.2 Asthma 'reliever' must be readily available at all times, including prior to and during exercise. Inhalers should be clearly labelled with the child's name and stored in a labelled box, which is easily accessible. They should be taken out to P.E. lessons and other outside activities.

3.3 Some medications may need to be refrigerated. These will be placed in a closed plastic container, clearly labelled "Medication" and stored in the fridge in the infant kitchen, on a separate shelf.

3.4 All emergency medication are stored in a filing cabinet in the school office. The filing cabinet is never locked during school hours to ensure that the medication is accessible at all times

3.5 Other medication will be securely stored, when not in use. These will be locked in a cabinet in the school office, with the administrative staff holding the keys.

3.6 The Learning Mentor or named member of staff will ensure that the information on medication is accurate and up-to-date, that medication has not reached its expiry date and that equipment and devices are cleaned and kept in working order. They should also dispose of any medication which is no longer required.

4. Out of School Activities / Extended School Day

4.1 If medication is required during a school trip it should be carried by a member of staff or the parent if present. Inhalers may be carried by KS2 children. If a child requires a travel sickness remedy, parents/carers should provide written consent and a suitable medication.

4.2 It is essential to inform all members of staff who may have responsibility for the child during the day about the need for medication and what to do should a medical emergency arise.

4.3 Where a child travels to and from school by school transport it will be agreed who keeps the medication. The responsible person must be able to administer emergency medication.

5. Simple Analgesia

5.1 Only during Residential Visits, where children are a long distance from home, will we allow the administration of simple analgesics, namely Calpol.

5.2 This will only be administered with prior written consent from parents/carers specifying the dosage and the circumstances in which it may be given.

5.3 When administering Calpol, a record should be kept of the time and the dosage. The parent/carer provided with a copy upon return.

5.4 Calpol is the only analgesia to be administered. Children under 16 should never be given aspirin or ibuprofen.

6. Medical Emergencies

6.1 See Emergency Aid Policy. All staff must be aware who is responsible for carrying out emergency procedures in the event of need.

6.2 Emergency medication is always readily accessible. The child's care plan is kept with the medication and includes clear precise details of the action to be taken in an emergency. This is stored in a labelled box with the child's name and photograph on top, in the cabinet in the school office.

6.3 Whenever an ambulance has been called a Medical Emergency Report Form should be completed (see appendix). This should be sent to Chris Hale or Chris Rumney, Nurse Advisers, Medical Needs in Schools.

6.4 Specialised training will be provided for all staff in dealing with allergies and administering the Epipen. A record of staff prepared to act in an emergency will be kept in the school office.

6.5 Epipens are stored with the child's care plan, which is reviewed annually with the parents/carer, Learning Mentor and School Nurse.

6.6 Children who have diabetes must have an emergency supplies kit available at all times. This should include a quick acting glucose in the form of glucose sweets or drinks. Some of the children will also have a concentrated glucose gel preparation e.g.

Glucogel. These are used to treat low blood sugar levels (hypoglycaemia). The kit should also contain a form of longer acting carbohydrate such as biscuits.

6.7 Where blood glucose monitoring is needed in school, a clean private area with washing facilities is available. Staff agreeing to undertake this procedure will receive training from the Diabetes Specialist Nurse.

7. Record Keeping

7.1 A parental consent form must be completed each time there is a request for medication to be administered (see appendix). All relevant information must be supplied.

7.2 If staff take responsibility for the administration of medicines then a record should be kept (see appendix)

7.3 Reasons for any non-administration of regular medication should be recorded and the parent/carer informed as soon as possible. A child should never be forced to accept a medication. "Wasted" doses (e.g. medicine spilled on the floor) should also be recorded.

7.4 School staff will not administer medication in the form of tablets. If the child is unable to attend school due to the administration of medication, a pupil may self-administer. This will be done under the supervision of a named staff member. Records should be kept as above.

7.5 Changes to instructions will only be accepted in writing. Verbal messages should not be accepted, except in an emergency. A fresh supply of correctly labelled medication should be obtained as soon as possible.

8. Alternative Medications (e.g. Homeopathic and Herbal Remedies)

8.1 We will only agree to administer alternative medication which has been prescribed or supported in writing by a General Practitioner or Consultant.

9. Treatment of Attention Deficit Hyperactivity Disorder (ADHD)

9.1 Medication may be prescribed as part of a comprehensive treatment programme always under the supervision of a specialist in childhood behavioural conditions. This often includes a lunchtime dose which may only be administered by the parent/carer.

10. Disposal/Return of Medication

- 10.1 Parents/carers are responsible for ensuring that any medication no longer required is returned to a pharmacy for safe disposal.
- 10.2 Medication should be returned to the child's parent/carer:
- when the course of treatment is complete
 - when the label becomes detached or unreadable
 - when instructions are changed
 - when the expiry date has been reached
 - at the end of each term (or half term if necessary)
- 10.3 At the end of every half term a check of all medication storage areas should be made. Any medication which has not been collected by parents/carers and is no longer required should be disposed of safely by returning it to a community pharmacy.
- 10.4 All medication returned or disposed of, even empty bottles should be recorded.
- 10.5 No medication should be disposed of into the sewage system or into the refuse. Current waste disposal regulations make this practice illegal.
- 10.6 Sharps boxes should always be used for the disposal of needles or glass ampoules. These can be obtained from parents/carers on prescription from the child's GP. Collection and disposal should be arranged with the Local Authority's environmental services.

This policy is based closely upon the document 'Guidance on Managing Medication in Birmingham Schools 2006'.

Date policy approved:

Signed:

Policy Review date: