



BONNER PRIMARY SCHOOL

MANAGING MEDICINES IN SCHOOL AND EARLY YEARS SETTINGS POLICY

VISION:

Bonner Primary is a safe and stimulating environment where children encounter challenging and creative learning experiences

Each member of the school community is motivated to be a life-long learner.

We will equip everyone with the skills to achieve their full potential in a climate of mutual respect and personal responsibility.

STATEMENT OF AIMS:

To provide a supportive, stimulating environment in which each child is enabled and encouraged to attain the highest standard of achievement of which he or she is capable.

To ensure that the curriculum is broad and well balanced following all subjects in the National Curriculum.

To value each individual's contribution irrespective of race, gender, religion or ability.

To encourage children to be aware of their behaviour and how it affects other people.

To recognise that children have a variety of special needs and endeavour to provide appropriately for the needs of individuals.

To ensure that the curriculum reflects the richness of our multi-cultural society.

To foster and build on relationships with parents, governors and the wider community.

To provide a planned process of staff development

Introduction and Sources

Many children at Bonner Primary School have long-term medical needs. In many cases, these are high-frequency needs such as asthma and eczema. Some children have allergies, including severe allergies potentially leading to anaphylaxis, and some have epilepsy. Children may also be admitted to the school with other long-term conditions requiring day-to-day management by medication (for example, diabetes). Many children at Bonner Primary School may also have long-term cognitive or neurological conditions which do not require day-to-day management by medication (for example, Autistic Spectrum Disorder), and to this extent these children are therefore beyond the scope of this policy. The main exception to this rule is likely to be Attention Deficit [Hyperactivity] Disorder (AD[H]D), for which medication is often prescribed by doctors and consultants.

This policy takes into account Bonner Primary School Drugs Policy (ratified by the governing body).

Purpose of the Policy

The purpose of this policy is:

- To establish clear guidance, maximising the safety of all concerned in administering, taking, and storing medicines;
- To clarify parents' understanding of the school's duty to deliver medication;
- To act as a point of reference for all staff, governors, visitors, parents, children and multi-agency colleagues.

Structure of the Policy

This policy is structured to show the 'journey' of any individual item of medication at Bonner Primary School: from its arrival in school, through delivery, storage and records management, to its removal from school.

Part One: Medication arriving in school

1. All medication should be brought to school initially by the child's parent or carer, or by another responsible adult who is known to the school. We cannot administer medicines which are brought to school by a child. If a child does bring medicine to school, urgent contact will be made with the parents or carers. Even so, the school will only be able to administer the medicine if the parent or carer comes to school. This is because ...
2. All medicines to be administered in school are administered only if the school has written parental consent. The school has a pro-forma which it requires parents or carers to sign. If the consent form is not signed, then the school cannot administer the medication.
3. Sometimes the school may decline to store or administer a medicine.
 - The school may decline to store or administer a medicine if it is not clear who the medicine has been prescribed to. For this reason, all medicines must be brought to school in their original packaging, and with the date on which they were dispensed and the dosage instructions clearly printed on the label by the pharmacist. We cannot store or administer inhalers which are not in their original boxes, or liquid preparations which have been decanted into other containers. We cannot store or administer medicines which have been prescribed to somebody else.
 - The school may decline to store or administer a medicine if the medicine has expired. Many medicines are marked with expiry dates, and it is not safe to administer an expired medicine.
 - The school may decline to store or administer a medicine if it has not been prescribed by a medical professional. We recognise that many children with eczema are expected to use common and familiar over-the-counter emollients (for example, Vaseline), and that many children with allergies are expected to use common and familiar over-the-counter antihistamines (for example, Piriton). However, we are only able to administer non-prescribed medicines if we have a Non-Prescribed Medicines care plan agreed and signed by (a) parents or carers, and (b) the school nurse or another authorised medical professional.
 - The school may decline to store or administer a medicine if it is one of a number of banned medicines. No steroids, paracetamol or ibuprofen are allowed in school.
 - The school may decline to store or administer a medicine if it is meant to be taken three times a day or fewer. GPs are expected to prescribe medicine in such doses as to reduce the burden on schools to administer it. Medicines to be

taken three times a day should be administered by parents before school, after school and before bed unless the medicine is to be taken (for example) immediately before or after a meal. The varying intervals between the first and second doses, and the second and third doses, typically make no difference to the effectiveness of the treatment.

- The school may decline to store or administer a medicine if it cannot be administered safely by a member of our staff. In the case of new prescriptions (for example, of antibiotics), all doses in the first twenty-four hours after prescription must be administered by the child's parents or carers.
4. If the school is satisfied that the medicine is safe to administer, and is either prescribed to the child concerned or backed up by a Non-Prescribed Medicines care plan, then the school will agree to store and administer the medicine. Parents or carers will then need to complete a Parental Consent Form; other responsible adults known to the school who bring medicine for children will be able to sign the form if the parent or carer of the child gives their verbal consent by telephone.

Part Two: Storing medication in school

1. All medicines should be stored securely in the office, away from children who may be curious about the medicines or misuse them.
2. Some medicines may need to be stored in a refrigerator.
3. Some medicines are controlled substances under the Misuse of Drugs Acts. These medicines should be stored in a safe locked either with a key or with a numerical code. A named person should be the key holder, or know the code, and this person should identify someone else who also holds the key or knows the code, in case of staff absence. In addition, any child who needs a medicine which is a controlled substance should have a care plan, and the care plan should identify the location of the medicine and the names of the staff who can access it.
4. Some medicines need to be given urgently in the event of an emergency (for example, Epipens). These medicines should be stored securely in classrooms, and at least one named person identified to retrieve and administer the medicine in the event of an emergency. In addition, the location of the medicine should be indicated on a visible list in the staff room.
5. In all cases, copies of care plans should be kept (a) on the child's file; (b) with the medicine; and (c) in the Care Plan document in each staff room. Parents and the school nurse should also receive copies of care plans for their own records.

Part Three: Administering medication in school

1. An adult will always need to be involved in administering medicines at school. Younger children are often not able to administer their own medication, and adults need to be directly involved here. In older children, self-administration (with parental consent) is encouraged, but an adult will still need to supervise a child who is self-administering to ensure that the correct dosage is taken (*etc*). The adult will also have a role in ...
2. Keeping a record of the administration of the medicine. This should be done using the Record of Administration form. Adults who are administering a medicine to a child should complete the form and, additionally, ask a witness to observe them doing so and then countersign the form. Adults who are supervising a child who is self-administering should ask the child to sign the form in the first instance, and then countersign as the witness.
3. In many cases, guidance and advice will be available to support the administration of medicines. In some cases, this will consist of a care plan or a parental consent form, guiding staff as to dosage, frequency, timing, and so on. In other cases, further advice or guidance may be sought from (a) the school nurse, or (b) local and national organisations.
4. Parents may wish to administer their child's medication themselves. If so, they may make suitable arrangements with either of the main offices to attend at a regular time to administer their child's medication. In this case, no Parental Consent form will need to be completed, and the school should not store the medicine in school. Instead, a Parental Administration Record should be kept, to be signed by the parent in the first instance, and countersigned by a member of the school's staff as a witness.

Part Four: Removing medication from school

1. Medicines may need to be removed from school for various reasons:
 - In the case of short-term prescriptions, medicines will need to be removed from the school when the course of treatment has finished.
 - In the case of long-term prescriptions, medicines will need to be removed from the school prior to their expiry.
 - All medicines will need to be removed from school if the child leaves the school, or if the child is excluded for a fixed-term or permanently.
2. It is parents' and carers' responsibility to personally remove their child's medicine from the school. Expired medicines, any medicines which are left over at the end of a course of treatment, and even empty medicine bottles, cannot be sent home with children.
3. When a medicine is removed from the school, the copy of the Parental Consent form which has been kept on file should be annotated to show when and by whom the medicine was removed. The Record of Administration form should be copied to parents and the original kept on file.

Part Five: Responsibilities

1. The school recognises that parents and carers often benefit from some support to ensure that their child's medicines are up-to-date. Accordingly, the school undertakes to:
 - Contact parents a month before their child's medication expires, allowing parents enough time to obtain a repeat prescription (*etc*). If their child's care plan expires at a certain time, parents will also be contacted a month in advance.
 - Contact parents promptly if their child's medication runs out, or looks as if it is going to run out before the end of the course of treatment.
2. In addition, the school recognises that it has other responsibilities arising from the natural expectations of parents and carers. Accordingly, the school undertakes to:
 - Ensure that emergency medicines are available without delay, as and when children need them.
 - Ensure that members of staff are trained to deal with medical issues promptly and professionally.
 - Ensure that risk assessment includes planning for medical emergencies, and take all necessary measures to ensure children's safety, including making appropriate provision for school trips and excursions.
 - Ensure that children's confidentiality is respected.
 - Work with parents as we seek to uphold and improve our practices and procedures.
3. Under this policy, parents and carers have some responsibilities too. They undertake to:
 - Inform the school about any medical issues affecting their children's care.
 - Work with the school to uphold and improve its practices and procedures around medication.
4. The Headteacher and the governing body undertake to:
 - Monitor and review this policy as necessary.

- Ensure that all stakeholders are aware of this policy and adhere to its terms and conditions.

Managing Medicines in School and Early Years Settings Policy

Parental Consent to Store and Administer Medicine

Name:	
Date of birth:	
Class:	
Illness / condition:	
Medicine:	
Date dispensed:	
Date of expiry:	
Storage:	
Dosage:	
Timing:	
Self-administration:	Yes No
Emergency contact:	

I give my consent for the school to store and administer my child's medicine according to the above instructions. I will notify the school of any changes to my child's medication or treatment plan.

Signed:	
Date:	
Relationship to child:	
Signed on behalf of the school:	

Medicine removed (date):	
Medicine removed (by whom):	

Managing Medicines in School and Early Years Settings Policy

Record of Administration

Self-administration:	Yes No
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Medicine:	
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Date	Dosage	Time	Signed Child or Staff 1	Countersigned Staff 1 or Staff 2

Managing Medicines in School and Early Years Settings Policy

Non-Prescribed Medicine Care Plan

Dear Colleague,

Re: _____

Please complete this Non-Prescribed Medicine care plan to enable us to store and administer the appropriate treatment to the above-named young person.

Illness / condition:	
Medicine:	
Storage:	
Dosage:	
Timing:	
Self-administration:	Yes No
Signed:	
Name (printed):	
Designation:	

The school will contact you on receipt of this care plan in order to verify it. Please provide your contact details below:

Contact telephone no.:	
Email address:	

1. Parents' copy (to be kept at home)
2. Copy to be retained by signatory
3. Copy to be returned to school

To be completed by the school:

Date dispensed:	
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Date of expiry:	
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I give my consent for the school to store and administer my child's non-prescription medicine according to the above instructions. I will notify the school of any changes to my child's medication or treatment plan.

Signed:	
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Date:	
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Relationship to child:	
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Signed on behalf of the school:	
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Managing Medicines in School and Early Years Settings Policy

Parental Administration Record

Medicine:	
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Date	Dosage	Time	Signed Parent	Countersigned Staff 1

