

## 1. Introduction

This policy is in regard to all areas of the school, including EYFS.

- 1.1 A clear policy understood and accepted by staff, parents and pupils provides a sound basis for ensuring children with medical needs receive proper care and support at school. This policy will promote, where possible, regular school attendance. The formal procedures drawn up in partnership with parents and staff will support this policy.
- 1.2 The administration of medicines is a parental/guardian's responsibility, although older children have the right to be responsible for their own welfare, (Children Act 1989). If medicines need to be taken during the school day the parent/ guardian should make arrangements for it to be given themselves or by a representative. As the school has agreed to provide that 'representative' then this policy is necessary.
- 1.3 School staff are not required to administer medication and have the right to refuse to be involved. (The Administration of Medicines. National Association of Head School Staff. December 1995. + Drug and Therapeutics Bulletin Vol 32 No 11 17 November 1994). Staff who decide to administer medicines must understand the basic principles and be aware of the legal liabilities involved. They must have confidence in dealing with any emergency situations as they arrive. Regular training relating to medications and medical conditions is essential.
- 1.4 This policy will dictate the circumstances in which children and staff may take prescription (POM) and non-prescription medicines. It will advise on assisting pupils with long-term or complex medical needs with regards to administering their required medication. It will cover the prior written agreement from parents or guardians for the administration of medicine to a child. It will address pupils carrying their own medications and administering said medication. It will discuss staff training in managing medical needs. It will give guidance on record keeping, storage and access to medicines and the School's emergency procedures.
- 1.5 Parents should be encouraged to provide the school with full, on-going information about their child's medical needs. Staff noticing deterioration in a pupil's health should inform the Principal and/or the Sister who will liaise with parents.
- 1.6 Overseas medicines herbal or otherwise must have English translation, the pupils name on it and a Dr's prescription letter. Parents and pupils must inform the Sister of any medication being sent to school and with discussion the School Medical officer will decide if the medication is appropriate in the UK. Medication which is non identifiable may be deemed as illicit and a sanction offence under the school drug policy.

## 2. Safety

- 2.1 Some medicines may be harmful to anyone for whom they are not prescribed. By agreeing to administer medicines on the premises the School has a duty to ensure that the risks to others are properly controlled. This duty derives from the Control of Substances Hazardous to Health Regulations 1994 (COSHH).

## 3. Storage

- 3.1 The School should not store large volumes of medicines. Medicines should be locked in a secure cupboard, with the exception of Inhalers and Epi-pens, which need to be readily available where all staff know where to locate them quickly.

- 3.2 A record should be kept of medicines stored in the school. Medicines brought in by pupils need to be clearly labelled with the name of the medicine, the pupil for whom it is prescribed, the date the school received the medicine and the quantity of medicine received. The quantity of over the counter remedies stored by the school should be recorded and updated as necessary.
- 3.3 Medicine should be stored in the original container in which it was dispensed, clearly marked with the name of the drug and pupil when it is a prescribed medicine. Where pupils with specific needs bring medicine into school, such as to complete a course of treatment thereby minimising the absence from school, the drug needs to be clearly labelled with the name of the pupil, the name of the drug, the dosage and frequency of administration. Where a pupil needs more than one prescribed medicine they should both be stored in separate, clearly marked, containers. Medicines should never be transferred from the original containers. Pupils should know where their own medication is stored and who holds the key if the medicine is locked away. The Sister is responsible for making sure that medicines are stored safely. The Principal is ultimately responsible for checking the safety regarding administration of medicines within the school.
- 3.4 Recent legislation has recognized that children have the right to take responsibility about their welfare. (The Children Act 1989). The Patient's Charter services for Children and Young People (Department of Health April 1996) states that pupils have a right to expect access to inhalers whilst at school. Therefore pupils should be allowed to carry their own asthma inhalers and be able to use them as required. They should have had previous instruction on correct usage, their technique being regularly checked by the Sister or the Asthma Nurse during their annual check-up.
- 3.5 Some medicines need to be refrigerated. Medicines are kept in a locked refrigerator. The refrigerator is located in the School House Boarding office and access to the refrigerator should be restricted to the Sister and designated members of staff only.

#### **4. Access**

- 4.1 Pupils must have access to their medicine when required, however it is important that medicine is only available to those for whom it has been prescribed. Pupils carrying their own medicines must be advised of school policy and not allow other pupils access to their own medication.

#### **5. Hygiene/Infection Control**

- 5.1 All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures.

#### **6. Standing Orders**

- 6.1 If a day pupil requires regular medication the parents/guardians should authorise and supply with written instructions about how and when to administer the medication. A member of staff, usually the Sister, should supervise the pupil taking the medication and notify the parents/guardians if for any reason non-administration of medicine has occurred. Pupils who refuse medicine should never be forced into taking the medicine.

## **7. Administering Medication**

- 7.1 No pupil under 16 years of age should be given medication without her parent's written consent (on medical consent form). Pupils under 16 however can consent for treatment if deemed 'Gillick' competent by the Sister or Doctor. Any staff giving medicine to a pupil should check:
- The pupil's name
  - The pupil's date of birth
  - The written instructions provided by parents/guardians or doctor
  - Clearly identify the drug to be given by generic or brand name
  - The strength of the medication
  - The prescribed dose
  - The last time the pupil had the medication
  - The frequency of the medication
  - The route of administration
  - Any allergies or existing medical conditions that may contraindicate the medication
  - The expiry date of the drug
  - The circumstances in which the drug is to be administered
  - Their own ability / training needs to administer the drug
  - The possible side effects of the drug and what to do if they occur
  - An accurate written record of all medication administered should be kept by House staff.
  - An accurate record of the medication administered in the medical department should be made in the pupil's medical records log by the Sister.
  - A written record of medication administered must be given to the parents/guardians of day girls under 12, informing them of the drug, dose, time administered and reason for administration
  - All adverse reactions are to be recorded in the Pupil's medical notes and to parents/guardians and GP where necessary.

## **8. Circumstances in which Medicines may be Administered**

- 8.1 Simple non-prescription medication may be administered by the Sister or other staff assessed as competent to do so in her absence, to those pupils under the age of 16 years, once parents have completed and returned medical form consent.
- 8.2 Those pupils aged 16 or over are able to consent to the administration of medicines themselves without parental consent. However if the Sister has any concerns regarding the administration of any medicines to these pupils then medication will be withheld until the parents/guardians can be contacted.
- 8.3 Paracetamol (including Calpol) may be administered for headaches, pyrexia (temperatures) abdominal pains, toothache, and other conditions when deemed appropriate. It may also be administered to those pupils who are unable to tolerate Non-Steroidal Anti-inflammatory (NSAIDs) such as Ibuprofen, for example asthmatic pupils.
- 8.4 Ibuprofen may be administered for dysmenorrhoea (painful menstruation), migraine, injuries, such as sporting injuries, and other injuries not requiring hospital treatment. Those injuries requiring hospital treatment will receive no medication until fully assessed by Sister or staff at the local Accident and Emergency Department
- 8.5 Paracetamol may be given in cases involving minor head injury.
- 8.6 Chlorphenamine (Piriton) or Cetrizine may be administered for mild allergic reaction.
- 8.7 Other medications may be administered by the Sister under the GP directive for administration of medicines within the department.

- 8.8 Should the Sister have any concerns regarding the administration of any medicine to any pupil the medication will be withheld until the parents/guardians have been contacted.
- 8.9 Prescription Only Medicines (POMs) will be administered by the Sister or other staff assessed as competent in her absence. A plan of care should be completed for ongoing POM.
- 8.10 The medicines generally (but not exclusively) administered include Adrenaline (in the form of an Epi-pen), Salbutamol, Cetirizine (Zirtek) and antibiotics. These will only be administered from the original containers containing the written prescription.
- 8.11 Those pupils with long-term medical needs who carry their own medication and self-medicate should be encouraged to take ownership of their medication and safely administer the medication. No pupils will be allowed to share medication and should be encouraged to act responsibly to safeguard their own health and that of their peers. These pupils include those with asthma carrying inhalers and those known to have anaphylactic reactions requiring prompt administration of adrenaline (epi-pen). Those with other medication may include those pupils with diabetes and epilepsy. The Sister will provide support and advice for these pupils.
- 8.12 Those pupils known to have anaphylactic reactions will have an Individual Care Plans drawn up by the Health Authority / Health Care Trust or medical department to advise on the treatment of their condition.
- 8.13 All staff should be offered, and encouraged to attend, annual training in the administration of adrenaline (epi-pen). Those assessed as competent will be allowed to administer the medication should the need arise.
- 8.14 Should the need arise for the administration of adrenaline the teacher should stay in the classroom with the pupil and either telephone the School Office directly or send someone to the School Office to obtain help. The member of staff in the Office should then take the medication to the location of the affected pupil and not hand over the medication to the pupil sent for help. The Sister should be summoned via the School Office or by mobile telephone.
- 8.15 Should adrenaline be administered prompt transfer to hospital should be arranged for further observation, this should not be by private car but by calling 999 / 112 and requesting the ambulance service, as the support of paramedics is paramount.
- 8.16 The Sister will be responsible for updating the pupil's medical records.
- 8.17 All drugs should be administered as per 7.1 Administering Medication.
- 8.18 Support should be provided for those witnessing the event and time allowed to talk through concerns raised.
- 8.19 Where the School accepts a request for the emergency administration of rectal diazepam for pupils having an epileptic seizure the drug should only be administered by named staff, usually the Sister, who have received formal training on how to administer the drug.
- 8.20 Where diazepam is administered there should be two members of staff present, preferably one the same gender as the pupil, to guard against possible allegations of abuse.

## **9. Privacy**

- 9.1 All pupils are entitled to privacy for the administration of medicines, especially for those pupils requiring invasive techniques for the administration, such as those requiring injections or rectal administration. This will maintain the dignity of the pupil concerned but also lessens the distress of fellow pupils, especially if the administration is in an emergency.
- 9.2 Privacy will also allow the pupil the opportunity to discuss any confidential matters with the staff involved.

## **10. Parental Responsibility**

- 10.1 Parents/guardians are responsible for supplying information about the medicines their child needs to take at school. They are responsible for informing the school in writing of any changes to the prescription. Verbal messages will not be accepted as a change to the prescription. The parent/guardian or the pupil's own doctor should provide written details to include:
- The name of the Medication
  - The dose
  - The method of administration
  - The time and frequency of administration
  - The length of treatment / stop date if appropriate
  - Other treatments required
  - Any possible side effects
- 10.2. Parents/guardians are also responsible for ensuring that drugs stored for occasional use are not out of date. All dates of drugs stored in school will be checked every term by the Sister and pupils parents with drugs due to become out of date will be notified. It is recommended however that parents note when sending drugs to school when a replacement prescription will be required.

## **11. Record Keeping**

- 11.1 Recording of medication administered is considered good practice. Records offer protection to staff and pupils while providing proof that agreed procedures have been followed.

## **12. School Trips**

- 12.1 Pupils with special needs should be encouraged to participate in school trips. Staff may need to take additional safety measures for outside visits. Consideration should be given to transporting medications safely. Pupils, with the exception of those pupils who self-medicate and carry their own medication within the school environment, should not be asked to carry medications, staff should take sole responsibility. Pupils should carry their own medication only. Ideally written permission should be given by the parents to administer paracetamol/Calpol, ibuprofen/Nurofen and piriton (see medical form for trips).
- 12.2 Those pupils who may require emergency administration of medication should be easily identifiable to the staff in charge of the excursion. The medication for that pupil should be taken out of the school office by the member of staff in charge of the excursion and returned immediately on return to school. The pupil may also carry her own medication, providing the staff have checked it, and the staff are in agreement that the pupil can do so safely.
- 12.3 Any drug administered should be done so as per 7.1 Administering Medication.
- 12.4 The staff administering should make a written record of administration and the Sister is to be informed so she can update the pupils' medical records as necessary.
- 12.5 If staff are concerned about whether they can provide for a pupil's safety, or the safety of other pupils and staff on the trip they can discuss their concerns with the Sister or seek advice from the School Health Service or the child's General Practitioner. Further information on school trips can be obtained from DFE Circular 22/94 Safety in Outdoor Activity Centres: Guidance.

### **13. Sporting Activities**

- 13.1 Most pupils with medical conditions can participate in Physical Education curriculum or extra-curricular sport. For many physical exercise can benefit their overall social, mental and physical health and wellbeing.
- 13.2 Some pupils may need to take precautionary measures before and during exercise, such as those asthmatic pupils who may need to self-administer their inhalers. Staff supervising sporting activities should be aware of pupil's medical conditions and allow access to their medication. They should supervise the self-medication and be aware of emergency procedures. The Sister should be consulted if there are any concerns.
- 13.3 Caution must be exercised when taking the pupil off site, such as to the Sports Field. Pupils should be encouraged to take ownership of their own medication and staff should ensure the medication is available when required. If the pupil is not able to take ownership then the responsibility lies with the Staff involved.
- 13.4 Any medication administered should be done so as per 7.1 Administering Medication and recorded.

### **14. Disposal of Medicines**

- 14.1 School staff should not dispose of medicines. Parents/guardians should collect all medication held at school when the course of treatment is completed, when a label becomes detached or unreadable (care must be taken to ensure the correct medication is returned to the correct parent), when an expiry date has been reached or at the end of term.
- 14.2 If it is not possible to return a medicine to a parent/guardian the Sister can take responsibility and take the expired medication to the Pharmacy.
- 14.3 No medicine should be disposed of into the sewerage system or the refuse.

### **15. Supporting Pupils with Medical Needs**

- 15.1 Where a student needs to take medication in school for an extended period or has a chronic ongoing condition, an Individual Health Care Plan (IHCP) will be put in place. This will be agreed jointly by the school and parents/carers with the advice of health professionals.
- 15.2 Parents should provide the school with all necessary information about their child's condition and will sign appropriate agreement forms for the administration of medication.
- 15.3 IHCPs and their implementation is the responsibility of the School Appointed Person. The IHCPs are compiled and recorded in line with the current DfE guidance published May 2014. (see Appendix 2 - in line with DfE Template A)
- 15.4 The School will work with parents/carers to put plans in place that give regard to the Equality Act 2010 and the SEN Code of Practice so that student's with medical conditions have access to the same opportunities as other children as long as it is safe for them to do so. School staff will be made aware of students with IHCPs and their conditions.
- 15.5 Any child on an IHCP will be accompanied to the School First Aid Room if they are ill.
- 15.6 Administration of medication by a qualified member of staff or self-administration by the student may take place with written permission from parents and the Principal.
- 15.7 The School will ensure that procedures are in place for an emergency situation and that contingency arrangements are in place.



## References

Department for Education and Employment. "School Policies and Procedures for Supporting Pupils with Medical Needs" Circular number 14/96. 2004.

Department for Education and Employment. "Supporting pupils with medical needs" A good practice guide 1996. United Kingdom

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Health and Safety Executive. Control of Substances Hazardous to Health Regulations 1994 (COSHH). Chelmsford

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Pharmacy Community Care Liaison Group. "Medicines in School. Implementing good practice in mainstream schools. A guide for pharmacists." 1996. United Kingdom  
<http://www.nmhct.nhs.uk/pharmacy/cclg-sch.htm>

RCN guidance for nurses and employers. "Employing nurses in independent school" 2004. Royal College of Nursing. London

The National Association of Head Teachers - "Are head teachers or school staff required to personally administer medicines or personally provide medical or physiological treatments or therapy?" 1995. London [http://www.naht.org.uk/faqs/question\\_display.asp?id=99](http://www.naht.org.uk/faqs/question_display.asp?id=99)

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Modern Humanities Research Association "Prescribing, sale and supply of medicines: Patient Group Directions in the Private Sector" 2004. London.  
<http://www.mca.gov.uk/inforesources/saleandsupply/pgd.htm>

Nurse Prescriber "News Round-Up 2004" United Kingdom [http://www.nurse-prescriber.co.uk/news/news\\_roundup.htm](http://www.nurse-prescriber.co.uk/news/news_roundup.htm)

Pharmacy Community Care Liaison Group/ Beth Taylor and Leigh Machell. "To PGD or Not to PGD? That is The Question." (A guide to choosing the best option for individual situations) 2004 London  
<http://www.groupprotocols.org.uk>

Scottish Council for Research in Education. "School Health Services." 2005. Scotland. <http://omni.ac.uk/browse/mesh/D012573.html>.

## Related policies and documents

This policy should be read in conjunction with the following policies and documents:

- Employee Handbook
- Staff Handbook
- Code of Conduct for Employees
- Health Safety Handbook
- Boarding Staff Handbook



## MOIRA HOUSE GIRLS SCHOOL MEDICINES 2018-19

National Minimum Standards for Boarding Schools  
ISI Handbook for the Inspection of Schools, Regulatory Requirements  
Teachers' Standards  
Departmental Handbook

Keeping Children Safe in Education  
Safeguarding Policy  
Medical Policies  
Complaints Policy (Parents)  
Complaints Policy (Pupils)

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POLICY REVIEWED BY SCHOOL COUNCIL:

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