



“CREATIVITY, RESPONSIBILITY, RESPECT, AND HAPPINESS”

BLUE COAT CE VA PRIMARY SCHOOL

Medicines in School Policy

Committee responsible for this policy	Sites, Health and Safety committee
Policy initially approved by FGB	June 2012
Policy reviewed/amended	11 th November 2014, 13 th June 2017
Policy review term	Triennial
Policy due for review	2020



Statement of Intent / Scope of the Policy

This policy has been drawn up by the staff and governors of Blue Coat CE VA Primary School with reference to the guidance: “Managing Medicines in Schools & Early Years Settings” produced by the DfE and in consultation with parents from the school.

Aim

This policy aims to provide clear guidelines for ensuring that children with medical needs receive proper care and support and is understood and accepted by staff, parents and children of Blue Coat School.

Children with Medical Needs

The staff and governors recognise that children with medical needs have the same right of admission to a school as other children and that the school should plan strategically over time to increase access for such pupils. Some children with medical needs are protected from discrimination under the Equality Act 2010. The Disability Discrimination Act (DDA) defines a person as having a disability if he/she has a physical or mental impairment which has a substantial and long-term adverse effect on his/her ability to carry out normal day to day activities.

Roles & Responsibilities

The Governors

At Blue Coat CE VA Primary School it is the responsibility of the governors to:

- agree and regularly review the Health & Safety Policy which includes reference to the managing of medicines in school
- enable the Headteacher and staff to support children with complex health needs
- ensure they have adequate Employers’ Liability Insurance
- ensure proper procedures are in place and monitor the school’s agreed policy
- ensure staff are aware of procedures and are properly trained
- work with the Headteacher in developing an effective policy

The Headteacher

At Blue Coat CE VA Primary School it is the responsibility of the Headteacher to:

- put the agreed policy into practice and develop detailed procedures where necessary
- take responsibility for day-to-day decision
- ensure all stakeholders are aware of the policy
- agree procedures, support and, if necessary, implement individual Health Care Plans with the parents of children with medical needs
- ensure any medicines are stored according to the policy guidelines
- liaise with health services

- ensure all staff are aware of their roles and responsibilities

Teachers & Support Staff

At Blue Coat CE VA Primary School it is the responsibility of the teachers and support staff to:

- ensure they are kept well informed of a child's medical needs and how to support them
- know what to do in any emergency
- liaise with relevant health professionals and agencies
- administer any medicines according to the school's policy

Parents

It is the responsibility of the parents of children with medical needs to:

- keep the school well informed of their child's needs
- work with the Headteacher to reach an agreement on how medicines are administered
- provide consent where appropriate in writing
- keep children at home if they are too unwell to attend school
- provide medicines in the original container, clearly labelled and with clear written instructions
- inform the school when there are changes to a child's medication
- endeavour to administer short-term treatment at home where possible

Administering Medicines

Short-term medical needs: (e.g. occasional tablets, lotions and non-prescribed medicines)

- Medicines such as antibiotics and lotions should only be brought into school when it would be detrimental to the child's health if it were not administered and parents will
- provide a completed and signed "Parental Consent & Administration Log for Prescribed Medicines" form (See Appendix 1). Parents must provide the medicine in the original container, clearly labelled with the child's full name and dosage
- Prescription medicines will be administered in the presence of another member of staff. The "Parental Consent & Administration Log for Prescribed Medicines" form will be completed and countersigned by staff on each and every occasion, recording the amount of medication administered with the date and time.
- Staff administering medicines and/or supervising self-administration must check the name on the item, the prescribed dose, the expiry date and the written instructions on the container/package
- Non-prescription medicines can be given to children before they leave for school in the morning by parents/carers and again at the end of the day. If children really cannot

- cope for the day without such medication then the school will advise that children stay at home to recover.
- Staff should never administer “Calpol” or other non-prescribed medication (Parents are reminded regularly through Newsletters with the following statement:
“Blue Coat School follows the government guidelines that schools should not administer non-prescription medicines to children. **Prescribed** medicines can be administered by school staff **but only with a completed authorisation form** (available at the School Office). If children need products such as Calpol or Nurofen to get them through the day then we feel they would recover more quickly at home.”
- Products containing Ibuprofen should and will be given to children under 16 years of age
- Cough sweets are not permitted in school. If a child cannot last the day without cough sweets, they should be kept at home to recover
- Only medicines prescribed by a GP, Nurse, Dentist, Pharmacist or Paediatrician can be administered in school
- If a child refuses to take a medicine, staff will not force them and parents will be informed
- If children are old enough they will be encouraged to self-administer the medicine under the supervision of a member of staff. The standard form will be completed and countersigned with reference made to “Self-administration” and following the agreed checking process
- If staff are in any doubt about a medicine, they should not give it to the child and made the necessary checks first
- Parent/carers must inform the school of any possible side effects from any medication given

Long-term medical needs: (e.g. Diabetes, epilepsy, cystic fibrosis)

- Sufficient information must be received from parents in order to provide medicines for long-term medical needs. This includes:
 - ✓ Details of the condition
 - ✓ Special requirements
 - ✓ Side effects from medication
 - ✓ What constitutes an emergency
 - ✓ Actions to take in an emergency
 - ✓ What NOT to do in an emergency
 - ✓ Immediate contacts (to be updated as necessary)
 - ✓ The role staff play in supporting the child
- In the case of long-term needs, the parents and staff will need to draw up a Health Care Plan following DfE guidelines

- Records must be kept of all medicines administered along with written consent from parents
- Emergency procedures need to be clear in the Health Care Plan as well as an identified member of staff to take responsibility in an emergency
- Reference Appendix 3

Allergies:

- Detailed information must be received from parents in order to provide for children with allergies.
- Discussions should also take place between staff and parents to determine the level of additional care that may be required.
- Blue Coat School requests all parents to avoid including nuts and Kiwi fruit from packed lunches to reduce the risk of cross contamination
- Reference Appendix 4

Storing Medicines

- Large volumes of medicines should not be stored at the school
- The school will only store, supervise and administer medicines prescribed for individual children
- Medicines must be stored according to the product instructions
- Medicines must be in the original container, clearly labelled and not accessible to children
- Children with long-term medical needs must know where their medicine is, who has the key and who is responsible for it
- Emergency medicines should not be locked away e.g. epi pens and inhalers
- Children who are old enough to do so, should be responsible for their own inhalers (See Appendix 2) and younger children should know where their inhaler is kept. Inhalers should always be available to them.
- Inhalers must be clearly marked with the child's full name

Disposal of medicines

- Staff should NOT dispose of unused medicines. Parent must collect it from the school and dispose of it safely
- If required sharps boxes will be made available for the disposal of needles

Hygiene & Infection Control

- DfE guidelines will be adhered to when dealing with medicines in schools



Offsite Visits

- The school will determine whether additional supervision is required for children with long-term medical needs whilst risk assessing a school visit
- It is preferable for a parent or support worker to accompany a child with medical needs during an offsite visit
- Supervising staff need to consider arrangements for administering medicines before arranging the visit
- A copy of a child's Health Care Plan must be taken on the school visit with emergency procedures and contact details

Sporting Activities

- The school recognises that sporting activities need to be flexible enough to accommodate children with medical needs
- Risk assessments of sporting activities will be taken as necessary in line with the schools's Health & Safety Policy

Cross Referenced:

Cc: Safeguarding Policy; Drugs Education Policy, Behaviour Policy; Equal Opportunities Policy; SEND Policy; Health & Safety Policy.



APPENDIX 2

Asthma Procedures

This should be read in conjunction with the Asthma Pack for Schools from Asthma UK at:

www.asthma.orgn.uk

and with the Asthma Plan for the individual child.

1. Asthmatic children must have immediate access to blue inhalers (relievers)
2. Children must be encouraged to take charge of and use their inhalers from an early age
3. In the Foundation Stage & KS 1, names inhalers will be kept in a bag hung on a hook where children can easily access them
4. All inhalers must be clearly marked with the child's name
5. In the case of severe asthmatics a spare inhaler needs to be kept in school
6. In the case of a severe asthmatic there must be a clear agreement and procedures about what to do in the event of a severe attack
7. Teacher with asthmatic children in their class must be trained using materials from Asthma UK
8. Parents of severely asthmatic children must give asthma management plans to the school
9. Inhalers must be taken to the field, St Mary's Church and on all school visits
10. Particular care needs to be taken in PE and cold weather
11. Children who suffer from asthma should not be forced to do PE if they feel unwell



APPENDIX 3

Diabetes Procedures

Procedures for the care of any child with Diabetes in school are child specific.

The Health Care Plan will be prepared in consultation with parents and professional medical advice from the Health Care Practitioners caring for the child.



APPENDIX 4

Allergies

Procedures for the care of any child with Allergies in school are child specific.

The Health Care Plan will be prepared in consultation with parents and professional medical advice from the Health Care practitioners caring for the child