



*Burscough Priory  
Science College*

***MANAGING DRUGS  
POLICY***

## RATIONALE

Students with special medical needs have the same right of admission to school as other children and cannot be excluded from the School on medical grounds alone.

The School endeavours to ensure that all its students achieve success in their academic work, in their relationships and in their day to day experiences at the School. Some of our students are likely to have medical needs which mean that additional measures are required to ensure that they have full access to the curriculum.

The prime responsibility for a student's health lies with the parent or carer who is responsible for the student's medication and should supply the school with any relevant information.

All staff working with the student, understand the nature of their difficulties so that the impact of their medical difficulties upon their life in the School is minimised as far as possible. While there is no legal or contractual duty on staff to administer medicines or supervise students taking their medicines, nevertheless, we would wish to support our students where we can.

Teachers and support staff are in loco parentis and may need to take swift action in an emergency, both in the School and off site, for example during school trips.

## AIMS

Our school aims to:

- Provide a safe and secure environment for all students
- Assist parents in providing medical care for their children.
- Educate staff in respect of special medical needs.
- Adopt and implement any national or LEA policies in relation to medication in schools.
- Arrange training for staff who volunteer to support individual students with special medical needs.
- Liaise as necessary with medical services, parent/carers, in support of the student.
- Keep controlled drugs in a locked non-portable container
- Accurately record all medications taken in the School

## TRAINING

Staff at the School have First Aid Qualifications. First Aid boxes are placed at various locations around the School.

## MEDICINES POLICY

### Prescribed Medicines

Medicines should only be brought into the School when essential; that is where it would be detrimental to a child's health if the medicine were not administered during the school day. Schools should only accept medicines that have been prescribed by a doctor, dentist, nurse prescriber or pharmacist prescriber. Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions for administration.

**Schools should never accept medicines that have been taken out of the container as originally dispensed nor make changes to dosages on parental instructions.**

It is helpful, where clinically appropriate, if medicines are prescribed in dose frequencies which enable it to be taken outside school hours. Parents could be encouraged to ask the prescriber about this. It is to be noted that medicines that need to be taken three times a day could be taken in the morning, after school hours and at bedtime.

### CONTROLLED DRUGS

The supply, possession and administration of some medicines are controlled by the Misuse of Drugs Act and its associated regulations. Some may be prescribed as medication for use by children, e.g. methylphenidate.

- Any member of staff may administer a controlled drug to the child for whom it has been prescribed. Staff administering medicine should do so in accordance with the prescriber's instructions.

- A child who has been prescribed a controlled drug e.g. an inhaler, may legally have it in their possession. School to look after other controlled drugs, where it is agreed that it will be administered to the child for whom it has been prescribed.
- Schools should keep controlled drugs in a locked non-portable container and only named staff should have access. A record should be kept for audit and safety purposes.
- A controlled drug, as with all medicines, should be returned to the parent when no longer required to arrange for safe disposal.
- Misuse of a controlled drug, such as passing it to another child for use, is an offence.

### **NON-PRESCRIPTION MEDICINES**

Staff should **never** give a non-prescribed medicine to a child unless there is specific prior written permission from the parents or by phone call from parents. If a child suffers regularly from frequent or acute pain the parents should be encouraged to refer the matter to the child's GP. We accept over the counter drugs that are sent in by parents.

**A child under 16 should never be given aspirin unless prescribed by a doctor.**

### **SHORT-TERM MEDICAL NEEDS**

Many children will need to take medicines during the day at some time during their time in a school or setting. This will usually be for a short period only, perhaps to finish a course of antibiotics or to apply a lotion. To allow children to do this will minimise the time that they need to be absent. However such medicines should only be taken to school where it would be detrimental to a child's health if it were not administered during the school day.

Parent/Carers must fill in a Parental permission form.

### **LONG-TERM MEDICAL NEEDS**

It is important to have sufficient information about the medical condition of any child with long-term medical needs. If a child's medical needs are inadequately supported this may have a significant impact on a child's experiences and the way they function in or out of school or a setting. The impact may be direct in that the condition may affect cognitive or physical abilities, behaviour or emotional state. Some medicines may also affect learning leading to poor concentration or difficulties in remembering. The impact could also be indirect; perhaps disrupting access to education through unwanted effects of treatments or through the psychological effects that serious or chronic illness or disability may have on a child and their family.

The Special Educational Needs (SEN) Code of Practice 2014 advises that a medical diagnosis or a disability does not necessarily imply SEN. It is the child's educational needs rather than a medical diagnosis that **must** be considered.

Schools need to know about any particular needs before a child is admitted, or when a child first develops a medical need. For children who attend hospital appointments on a regular basis, special arrangements may also be necessary. It is often helpful to develop a written health care plan for such children, involving the parents and relevant health professionals.

This can include:

1. details of a child's condition
2. special requirement e.g. dietary needs, pre-activity precautions
3. and any side effects of the medicines
4. what constitutes an emergency
5. what action to take in an emergency
6. what not to do in the event of an emergency
7. who to contact in an emergency
8. the role the staff can play

## **ADMINISTERING MEDICINES**

No child under 16 should be given medicines without their parent's written consent.

Any member of staff giving medicines to a child should check:

1. the child's name
2. prescribed dose
3. expiry date
4. written instructions provided by the prescriber on the label or container

**All details should then be logged in the book including the time the medication was given.**

If in doubt about any procedure staff should not administer the medicines but check with the parents or a health professional before taking further action. If staff have any other concerns related to administering medicine to a particular child, the issue should be discussed with the parent, if appropriate, or with a health professional attached to the school or setting.

School **must** keep written records each time medicines are given.

## **SELF MANAGEMENT**

It is good practice to support and encourage children, who are able to take responsibility to manage their own medicines from a relatively early age and schools should encourage this.

The age at which children are ready to take care of, and be responsible for, their own medicines, varies. As children grow and develop they should be encouraged to participate in decisions about their medicines and to take responsibility.

Older children with a long-term illness should, whenever possible, assume complete responsibility under the supervision of their parent. Children develop at different rates and so the ability to take responsibility for their own medicines varies. This should be borne in mind when making a decision about transferring responsibility to a child or young person.

There is no set age when this transition should be made. There may be circumstances where it is not appropriate for a child of any age to self-manage. Health professionals need to assess, with parents and children, the appropriate time to make this transition.

Where children have been prescribed controlled drugs staff need to be aware that these should be kept in safe custody. However children could access them for self-medication if it is agreed that it is appropriate.

## **REFUSING MEDICINES**

If a child refuses to take medicine, staff will not force them to do so, but will note this in the records and follow agreed procedures. The procedures to either be set out in the policy or in an individual child's health care plan. Parents will be informed of the refusal on the same day.

## **RECORD KEEPING**

Parents should tell the school about the medicines that their child needs to take and provide details of any changes to the prescription or the support required. However staff should make sure that this information is the same as that provided by the prescriber.

Medicines should always be provided in the original container as dispensed by a pharmacist and include the prescriber's instructions. In all cases it is necessary to check that written details include:

1. name of child
2. name of medicine
3. dose
4. method of administration
5. time/frequency of administration
6. any side effects
7. expiry date

Parent Consent Form to be used to confirm, with the parents, that a member of staff will administer medicine to their child.

School **must** keep written records of all medicines administered to children, and make sure that parents sign the record book to acknowledge the entry.

Although there is no similar legal requirement for schools to keep records of medicines given to students, we will record all medicines administered to children.

### **EDUCATIONAL VISITS**

It is good practice for schools to encourage children with medical needs to participate in safely managed visits. Schools should consider what reasonable adjustments they might make to enable children with medical needs to participate fully and safely on visits. This might include reviewing and revising the visits policy and procedures so that planning arrangements will include the necessary steps to include children with medical needs. It might also include risk assessments for such children.

Sometimes additional safety measures may need to be taken for outside visits. It may be that an additional supervisor, a parent or another volunteer might be needed to accompany a particular child. Arrangements for taking any necessary medicines will also need to be taken into consideration. Staff supervising excursions should always be aware of any medical needs, and relevant emergency procedures. A copy of any health care plans should be taken on visits in the event of the information being needed in an emergency.

### **SPORTING ACTIVITIES**

Some children may need to take precautionary measures before or during exercise, and may also need to be allowed immediate access to their medicines such as asthma inhalers. Staff supervising sporting activities should consider whether risk assessments are necessary for some children, be aware of relevant medical conditions and any preventative medicine that may need to be taken and emergency procedures.

### **HOME TO SCHOOL TRANSPORT**

Local Authorities arrange home to school transport where legally required to do so. They **must** make sure that students are safe during the journey. Most students with medical needs do not require supervision on school transport, but Local Authorities should provide appropriate trained escorts if they consider them necessary. Drivers and escorts should know what to do in the case of a medical emergency. They should not generally administer medicines but where it is agreed that a driver or escort will administer medicines (i.e. in an emergency) they **must** receive training and support and fully understand what procedures and protocols to follow. They should be clear about roles, responsibilities and liabilities.

Some students are at risk of severe allergic reactions. Risks can be minimised by not allowing anyone to eat on vehicles. As noted above, all escorts should have basic first aid training and should be trained in the use of an adrenaline pen for emergencies where appropriate.

### **SAFETY MANAGEMENT**

All medicines may be harmful to anyone for whom they are not appropriate. Where a school agrees to administer any medicines the employer **must** ensure that the risks to the health of others are properly controlled. This duty is set out in the Control of Substances Hazardous to Health Regulations 2002 (COSHH).

#### **Storing Medicines**

Large volumes of medicines should not be stored. Staff should only store, supervise and administer medicine that has been prescribed for an individual child. Medicines should be stored strictly in accordance with product instructions (paying particular note to temperature) and in the original container in which dispensed. Staff should ensure that the supplied container is clearly labelled with the name of the child, the name and dose of the medicine and the frequency of administration.

Medicines are only accepted in the original container as dispensed by a pharmacist in accordance with the prescriber's instructions.

Where a child needs two or more prescribed medicines, each should be in a separate container. Non-healthcare staff should never transfer medicines from their original containers.

Children should know where their own medicines are stored and who holds the key. The headteacher is responsible for making sure that medicines are stored safely. All emergency medicines, such as asthma inhalers and adrenaline pens, should be readily available to children and should not be locked away. Other non-emergency medicines to be kept in a secure place not accessible to children. Criteria under the national standards for under 8s day care require medicines to be stored in their original containers, clearly labelled and inaccessible to children.

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 labelled. There should be restricted access to a refrigerator holding medicines.

### **ACCESS TO MEDICINES**

Children need to have immediate access to their medicines when required.

### **DISPOSAL OF MEDICINES**

Staff are not to dispose of medicines. Parents are responsible for ensuring that date-expired medicines are returned to a pharmacy for safe disposal.

Sharps boxes should always be used for the disposal of needles. Collection and disposal of the boxes should be arranged with the Local Authority's environmental services.

### **HYGIENE AND INFECTION CONTROL**

All staff should be familiar with normal precautions for avoiding infection and follow basic hygiene procedures. Staff should have access to protective disposable gloves and take care when dealing with spillages of blood or other body fluids and disposing of dressings or equipment.

Staff and parents constantly advised of school policy relating to sickness or diarrhoea. No return to school until 48 hours after last bout of sickness or diarrhoea.

### **EMERGENCY PROCEDURES**

All office staff should know how to call the emergency services. Guidance on calling an ambulance is provided. All staff should also know who is responsible for carrying out emergency procedures in the event of need. A member of staff should always accompany a child taken to hospital by ambulance, and should stay until the parent arrives. Health professionals are responsible for any decisions on medical treatment when parents are not available.

Staff should never take children to hospital in their own car; it is safer to call an ambulance.

In remote areas a school might wish to make arrangements with a local health professional for emergency cover. The national standards require early years settings to ensure that contingency arrangements are in place to cover such emergencies.

Individual health care plans should include instructions as to how to manage a child in an emergency, and identify who has the responsibility in an emergency, for example if there is an incident in the playground a lunchtime supervisor would need to be very clear of their role.